

2002 UNIFORM BUSINESS REPORT (UBR)

03-20-2002 90009 018 *****50.00
L01000014271

0014790

DOCUMENT # L01000014271

1. Entity Name

SANFORD CATERERS, LLC

Principal Place of Business

1500 FLORIDA MANGO ROAD, STE. 19
WEST PALM BEACH FL 33409

Mailing Address

1500 FLORIDA MANGO ROAD, STE. 19
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1060780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME	J. Pendergast MGRM <input type="checkbox"/> Delete
STREET ADDRESS	1500 Florida Mango Rd. Ste 19
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE NAME	Gierard Pendergast MGRM <input type="checkbox"/> Delete
STREET ADDRESS	1500 Florida Mango Rd. Ste 19
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *J. Pendergast*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
2002 OCT 23 AM 9:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
931726



DO NOT WRITE IN THIS SPACE