

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90182 040 ***150.00

DOCUMENT # L86221

1. Corporation Name

REEDS CATERING INCORPORATED



Principal Place of Business

SUNRISE MUSICAL THEATER
5555 NW 95 AVE
SUNRISE FL 33351
US

Mailing Address

REED, BENARDO
2941 SW 87 AVE #405
DAVIE FL 33328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1990

4. FEI Number

65-0201869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 BAYFRONT PARK

2a. Mailing Address

26 Suite, Apt. #, etc.

22 301 N. BISCAYNE BLVD

27 Suite, Apt. #, etc.

23 MIAMI FLORIDA

28 City & State

24 33132 25 USA

29 30 Country

9. Name and Address of Current Registered Agent

BERNARDO, REED
934 FLANDER T
DELRAY BEACH FL 33848

10. Name and Address of New Registered Agent

81 Name BENARDO, REED

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

2941 SW 87 AVENUE #405

83

84 City DAVIE

FL

85 Zip Code 33328

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. REED, BENARDO

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BERNARDO, REED
STREET ADDRESS 2941 SW 87 AVE
CITY-ST-ZIP DAVIE FL

TITLE V ☐ DELETE
NAME BENARDO, CHARI
STREET ADDRESS 2941 SW 87 AVE
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (954) 423-9791

Date Daytime Phone #

CR2E034 (11/98)

0317063