

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86221

1. Entity Name

REEDS CATERING INCORPORATED

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90112 041 ***150.00

Principal Place of Business

Mailing Address

BAYFRONT PARK
301 N. BISCAYNE BLVD
MIAMI FL 33132
US

REED. BENARDO
2941 SW 87 AVE #405
DAVIE FL 33328-6634
US

2. Principal Place of Business

3. Mailing Address

1365 SABAL TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WESTON, FL

Zip

Country

Zip
33327

Country

USA

4. FEI Number

65-0201869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNARDO, REED
2941 SW 87 AVE
STE 405
DAVIE FL 33328

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BERNARDO, REED	2941 SW 87 AVE	DAVIE FL	<input type="checkbox"/>
V	BENARDO, CHARI	2941 SW 87 AVE	DAVIE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
(Same)	1365 SABAL TRAIL	WESTON, FL 33327		<input checked="" type="checkbox"/>
(Same)	1365 SABAL TRAIL	WESTON, FL 33327		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. 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 or supplemental 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 11 or Block 12 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

Date

Daytime Phone #

1/10/00 (954) 217-3081

CR2E034 (9/99)