2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90036 001 ***150.00

DOCUMENT # L86221

1. Entity Name
REEDS CATERING INCOPRPORATED

Principal Place of Business	Mailing Address
AYFRONT PARK 01 N. BISCAYNE BLVD IAMI FL 33132 S	1365 SABAL TRL WESTON FL 33327 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SUNRISE MUSICAL THEATER	
Suite, Apt. #, etc.: 5555 NW 95th AVE	Suite, Apt. #, etc.:
City & State: SUNRISE, FLORIDA	City & State:
Zip: 33351 Country: USA	Zip: Country:

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: BENARDO REED Street Address (P.O. Box Number is Not Acceptable): 1365 SABAL TRAIL City: WESTON **FL** Zip Code: 33327

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, 2001 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERNARDO, REED	NAME	
STREET ADDRESS	1365 SABAL TRL	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERNARDO, CHARI	NAME	
STREET ADDRESS	1365 SABAL TRL	STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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] JAN 3-2001 954 662-1067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #