

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90654 003 \*\*\*150.00

**DOCUMENT # L86221**

**1. Entity Name**  
**REEDS CATERING INCORPORATED**

**Principal Place of Business**  
**SUNRISE MUSICAL THEATER**  
**5555 NW 95TH AVE**  
**FORT LAUDERDALE FL 33351**  
**US**

**Mailing Address**  
**1365 SABAL TRL**  
**WESTON FL 33327**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **CIVIC CENTER**  
**POMPADOUR BEACH IMPROVEMENT DISTRICT 7929 N. 155 PLACE**

**Suite, Apt. #, etc.**  
**1801 NE 6th STREET**

**3. Mailing Address**  
**Suite, Apt. #, etc.**

**City & State**  
**POMPADOUR BEACH, FL**

**City & State**  
**Palm Beach Gardens, FL**

**4. FEI Number** **65-0201869**

**Applied For**  
**Not Applicable**

**Zip**  
**33060**

**Country**  
**USA**

**Zip**  
**33418**

**Country**  
**USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BERNARDO, REED**  
**1365 SABAL TRAIL**  
**STE 405**  
**DAVIE FL 33328**

**7. Name and Address of New Registered Agent**

**Name** **BERNARDO, REED**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7929 N. 155th PLACE**

**City** **PALM BEACH GARDENS, FL** **Zip Code** **33418**

**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, 2002 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**

<b>TITLE</b> <b>D</b>	<b>BERNARDO, REED</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>1365 SABAL TRL</b>
<b>STREET ADDRESS</b>	<b>WESTON FL 33327</b>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>V</b>	<b>BERNARDO, CHARI</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>1365 SABAL TRL</b>
<b>STREET ADDRESS</b>	<b>WESTON FL 33327</b>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b> <b>P</b>	<b>REED BERNARDO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>7929 N. 155 PLACE</b>
<b>STREET ADDRESS</b>	<b>PALM BEACH GARDENS, FL 33418</b>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>V</b>	<b>CHARI BERNARDO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>7929 N. 155 PLACE</b>
<b>STREET ADDRESS</b>	<b>PALM BEACH GARDENS, FL 33418</b>
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 #**

**4-19-02 954 275 5851**

CR2E034 (9/01)