

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90651 006 ***150.00

DOCUMENT # L93330	
1. Entity Name SHOW TIME FOOD SERVICE, Inc	

90091895

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 811 SW 23RD RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI- FL		4. FEI Number 65-0215356	
Zip	Country	Zip	Country
33129-1933			

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State Zip Code
FL	

8. I, the undersigned, hereby certify that I am familiar with and have read the statement of the registrant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and have read the statement of the registrant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and have read the statement of the registrant for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

PAPAGEORGEOS, EMMANUEL
811 SW 23RD Rd- MIAMI-FL 33129-

SIGNATURE		DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	

10. OFFICERS AND DIRECTORS	
PAPAGEORGEOS, EMMANUEL 811 SW 23RD Rd. MIAMI-FL 33129-1933	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

11. I, the undersigned, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes, and that my signature shall have the same legal effect as if made under oath that the information is true and accurate and that my signature shall have the same legal effect as if made under oath that the information is true and accurate and that my signature shall have the same legal effect as if made under oath that the information is true and accurate.

SIGNATURE: **✓ [Signature]** **04/14/03** **786-357-8553**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR