

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35444

1. Entity Name

SHARE A MEAL, INC.

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90011 006 ****70.00

Principal Place of Business

2000 RIVERSIDE PLACE
#5
WILTON MANORS FL 33305
US

Mailing Address

2000 RIVERSIDE PLACE
#5
WILTON MANORS FL 33305
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0187999

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAY, WILLIAM J.
ONE BISCAYNE TOWER
SUITE 2500
MIAMI FL 33131

Name

RICHARD N. OBER

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

2000 RIVERSIDE PL. -#5

City

WILTON MANORS FL

Zip Code

33305

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

Richard N. Ober

RICHARD N. OBER

2-11-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KEUTER, KIRK FRANK
STREET ADDRESS 22298 BUSHING STREET
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME OBER, RICHARD NASON
STREET ADDRESS 2000 RIVERSIDE PL. #5
CITY-ST-ZIP WILTON MANORS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SCOTT, JUDITH
STREET ADDRESS 9001 SOUTHERN ORCHARD RD NORTH
CITY-ST-ZIP DAVIE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard N. Ober
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD N. OBER 2-11-01

Date

954 630-0828

Daytime Phone #

CR2E037 (10/00)