

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90691 036 ***158.75

DOCUMENT # P00000077925

1. Entity Name
STAUFFER RESTAURANT AND HOTEL SUPPLY, INC.



Principal Place of Business
**777 NW 72ND AVENUE
SUITE 38B51
MIAMI FL 33126**

Mailing Address
**777 NW 72ND AVENUE
SUITE 38B51
MIAMI FL 33126**

00001203



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
777 NW 72ND AVENUE

Suite, Apt. #, etc.
SUITE 3C12

City & State
MIAMI, FL

Zip
33126

3. Mailing Address
777 NW 72ND AVENUE

Suite, Apt. #, etc.
SUITE 3C12

City & State
MIAMI, FL

Zip
33126

4. FEI Number
65-1038476

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BODIN, GLORIA ROA
2655 LEJEUNE ROAD SUITE 1001
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STAUFFER, JEAN PIERRE 777 NW 72 AVENUE STE 38B51 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PERALTA, JAVIER 777 NW 72 AVENUE, SUITE 38B51 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: JEAN PIERRE STAUFFER **1.8.03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E034 (10/02)