

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

192

07-30-2004 90010 019 ***150.00
FILED P00000105341

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

DOCUMENT # P00000105341

1. Entity Name

CATERING SOLUTIONS, INC.



Principal Place of Business

2151 RIVERSIDE DR.
CORAL SPRINGS FL 33071

Mailing Address

2151 RIVERSIDE DR.
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

WOLF, MICHAEL H ESQ
1876 N. UNIVERSITY DR., #300
PLANTATION FL 33322

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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
D
GUDMUNOSSON, EYJO
7601 EAST COUNTRY CLUB BLVD
BOCA RATON FL 33487 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEFKOWITZ, MURRAY
7601 EAST COUNTRY CLUB BLVD
BOCA RATON FL 33487 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/04

Daytime Phone #

561999606



Division Of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

Subject: P00000105341
Catering Solutions, Inc.

October 21, 2004

Dear Sirs:

Please be advised we, Catering Solutions, Inc., did not receive prior notice of the Annual Report/Uniform Business Report. We sent payment on 7-26-04, check # 4104 in the amount of \$150. We received a notice Aug 3, 2004, that the report was late. We called one of your representatives by the name of Kathy, on Aug 6, 2004. Kathy advised that we did not check the waiver box. After checking with her supervisor told us she would correct the forms for filing.

Please check the appropriate waiver box in our behalf and file for the above corporation.

Please fax confirmation that we are now filed for the year 2004. We appreciate your assistance in this matter.

Best Regards,
Catering Solutions


Murray Lefkowitz
Corporate Officer