

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90012 019 \*\*\*150.00

DOCUMENT # P01000036771

1. Entity Name

DAN'S CATERING, INC. ✓

Principal Place of Business

766 EAST 25 STREET  
HIALEAH FL 33013

Mailing Address

766 EAST 25 STREET  
HIALEAH FL 33013

2. Principal Place of Business

990 N.W. 166 ST

Suite, Apt. #, etc.

3. Mailing Address

990 N.W. 166 ST

Suite, Apt. #, etc.

City &amp; State

MIAMI FLORIDA

City &amp; State

MIAMI FLORIDA

Zip

33169

Country

USA

Zip

33169

Country

USA

6. Name and Address of Current Registered Agent

FULFORD, JAMES D

766 EAST 25 STREET

HIALEAH FL 33013

4. FEI Number

65-1091218

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

990 N.W. 166 ST

City

MIAMI

FL

Zip Code

33169

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 releasing)

DATE

June 12, 2002

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Pres James D. Fulford  
 990 N.W. 166 ST  
 MIAMI FLORIDA 33169

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

4/29/02

Date

305-621-2001

Daytime Phone #

CR2E034 (9/01)