

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0184350 AV

**DOCUMENT # P01000037443**

1. Entity Name  
**CLASSIC CATERERS, INC.**

02-11-2002 90221 010 \*\*\*150.00

Principal Place of Business  
**11447 W. OAKLAND PARK BLVD.**  
**SUNRISE FL 33323**

Mailing Address  
**11447 W. OAKLAND PARK BLVD.**  
**SUNRISE FL 33323**

**104091**



2. Principal Place of Business

**1280 SW 29 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address

**1280 SW 29 AVE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Pompano Beach FL**

City & State

**Pompano Beach FL**

4. FEI Number

**65-1104735**

Applied For

Not Applicable

Zip

**33069**

Country

**Broward**

Zip

**33069**

Country

**Broward**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSENTHAL, ARNOLD**  
**11447 W. OAKLAND PARK BLVD.**  
**SUNRISE FL 33323**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**1/25/02**  
 DATE

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 **PT** ☐ Delete  
 NAME **ROSENTHAL, ARNOLD**  
 STREET ADDRESS **5558 PINE CIRCLE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **S** ☐ Delete  
 NAME **ROSENTHAL, WENDY**  
 STREET ADDRESS **5558 PINE CIRCLE**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/02**  
 Date

**954 590 2323**  
 Daytime Phone #

CR2E034 (9/01)