FILED
May 17, 2002 8:00 am
Secretary of State
05-17-2002 90031 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117141

1. Entity Name
CREATIVE FOOD SERVICES OF THE PALM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1240 C Parkside Green Dr
Suite, Apt. #, etc.
City & State: West Palm Bch, FL
Zip: 33415 Country

3. Mailing Address: 1240 C Parkside Green Dr
Suite, Apt. #, etc.
City & State: West Palm Bch, FL
Zip: 33415 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1160013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Daniel A. Ciferri
Street Address (P.O. Box Number is Not Acceptable): 1240 C Parkside Green Dr.
City: West Palm Bch FL Zip Code: 33415

DO NOT WRITE IN THIS SPACE

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] ✓ 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☒

Annual UBR Fee is $150.00 — After May 1, fee is $550.00 — Amended UBR is $61.25 — 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	President, Director	TITLE	
NAME	Daniel A. Ciferri	NAME	
STREET ADDRESS	1240 C. Parkside Green Dr.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Bch, FL 33415	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ✓ 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #