

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

05-05-2003 90361 010 ***150.00

DOCUMENT # P02000041625

1. Entity Name
SOUTHERN CULINARY CORPORATION



Principal Place of Business
6207 NW 28TH COURT
MARGATE FL 33063

Mailing Address
6207 NW 28TH COURT
MARGATE FL 33063

55047789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

PIZZO, SALVATORE
6207 NW 28TH COURT
MARGATE FL 33063

Name **Mark Brannigan**

Street Address (P.O. Box Number is Not Acceptable)
822 N. Federal Hwy

City **Pompano Beach**

FL

Zip Code
33062

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]

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

(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 **Salvatore Pizzo** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **6207 NW 28 Court
Margate FL 33063**

TITLE
NAME **President
Mark Brannigan** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **822 N. Federal Hwy
Pompano Beach, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

Daytime Phone #

CR2E034 (10/02)