

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90107 039 ***150.00

DOCUMENT # P02000124959

1. Entity Name

BJ'S FOOD SERVICE, INC.



Principal Place of Business

**125 N. RIVERSIDE DRIVE
POMPANO BEACH FL 33062**

Mailing Address

**125 N. RIVERSIDE DRIVE
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

3233 NE 10 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 110

City & State

City & State

POMPANO BCH, FL

Zip

Country

Zip

Country

33062

U.S.A.

4. FEI Number

11-3664871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

O'CONNOR, BRIAN F

125 N. RIVERSIDE DR

POMPANO BEACH FL 33062

Name

(SAME)

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

3233 NE 10 ST APT 110

City

POMPANO BCH

FL

Zip Code

33062

7. Name and Address of New Registered Agent

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 \$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
STREET ADDRESS
CITY-ST-ZIP
**PSD
O'CONNOR, BRIAN F
125 N. RIVERSIDE DRIVE
POMPANO BEACH FL 33062**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3233 NE 10 ST APT 110
POMPANO BCH, FL 33062**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
RIELLO, JOSEPH A
963 ALLAMANDA DR.
DELRAY BEACH FL 33483**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: BRIAN F O'CONNOR 3.3.03 954-946-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)