

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90896 001 ***150.00

DOCUMENT # P93000034425

1. Entity Name

SHOWCASE PROVISIONS, INC.

Principal Place of Business

**451 SW 12TH AVE
 POMPANO BEACH FL 33069
 US**

Mailing Address

**2505 LAGUNA TERRACE
 FORT LAUDERDALE FL 33316
 US**

2. Principal Place of Business

498 MARINER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

498 MARINER DRIVE

Suite, Apt. #, etc.

City & State

Jupiter FL

Zip

33477

Country

US

City & State

Jupiter FL

Zip

33477

Country

US

4. FEI Number

65-0415056

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORA, DOMENICA M
 2505 LAGUNA TERRACE
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **DOMENICA M FLORA**

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

498 MARINER DRIVE

City

Jupiter

FL

Zip Code

33477

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

DOMENICA M FLORA

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02

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 **DP** ☐ Delete
 NAME **FLORA, MICHAEL**
 STREET ADDRESS **2505 LAGUNA TERRACE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **DVST** ☐ Delete
 NAME **FLORA, DOMENICA H**
 STREET ADDRESS **2505 LAGUNA TERRACE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **Michael J. FLORA**
 STREET ADDRESS **498 MARINER DRIVE**
 CITY-ST-ZIP **Jupiter, FL 33477**

TITLE **DVST** ☒ Change ☐ Addition
 NAME **DOMENICA M. FLORA**
 STREET ADDRESS **498 MARINER DRIVE**
 CITY-ST-ZIP **Jupiter, FL 33477**

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:

DOMENICA M FLORA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 561 745-6117

Date

Daytime Phone #

CR2E034 (9/01)