

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90004 034 \*\*\*150.00

650517



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000085630**  
**1. Entity Name**  
**BOCA RATON CATERERS, INC.**

**Principal Place of Business**  
**501 E. CAMINO REAL**  
**BOCA RATON FL 33432**

**Mailing Address**  
**PO BOX 5025**  
**CORPORATE OFFICES**  
**BOCA RATON FL 33432**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **NOT APPLICABLE** **Applied For**  
**Not Applicable**

Zip Country

Zip Country

**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**

**AMERICAN INFORMATION SERVICES, INC.**  
**ONE SE THIRD AVENUE , 28TH FLOOR**  
**MIAMI FL 33131**

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 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) ☐

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS** **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GLENNIE, MICHAEL F	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROCHON, RICHARD C	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PIERCE, WILLIAM M	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAURIA, STEVEN M	
STREET ADDRESS	501 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Feder, David S.	
STREET ADDRESS	501 E. Camino Real	
CITY-ST-ZIP	Boca Raton, FL 33432	

**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:** Steven M. Dauria **4/25/02** **561-447-5300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)