

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**  
 02-17-2000 90070 007 \*\*\*150.00

**DOCUMENT # P96000047485**

1. Entity Name

**K.B. TRUFFLES FOOD SERVICE OF SO. FLORIDA INC.**

Principal Place of Business

Mailing Address

4701 SW 45TH ST  
 FT LAUDERDALE FL 33314

8101 NW 46 CT  
 LAUDERHILL FL 33351-5619  
 US

110144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3400 LAKESIDE DRIVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIRAMAR, FLORIDA**

City & State

4. FEI Number

**65-0693564**

Applied For

Not Applicable

Zip

**33027**

Country

**USA.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BURKARD, KAREN  
 8101 NW 46TH COURT  
 LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent

Name

**KAREN COX**

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

**8101 NW 46 COURT**

City

**LAUDERHILL**

**FL**

Zip Code

**33351**

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

*Karen Cox*

**KAREN COX**

**2-10-00**

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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BURKARD, KAREN</b>	
STREET ADDRESS	<b>8101 NW 46TH COURT</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

*Karen Cox*

**KAREN COX - PRES.**

**2-10-00**

**954-791-9124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #