

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90177 024 ***150.00

DOCUMENT # P96000047485

1. Entity Name
K.B. TRUFFLES FOOD SERVICE OF SO. FLORIDA INC.



Principal Place of Business
3400 LAKESIDE DRIVE
MIRAMAR FL 33027
US

Mailing Address
8101 NW 46 CT
LAUDERHILL FL 33351
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0693564**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, KAREN
8101 NW 46TH COURT
LAUDERHILL FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen Cox*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

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 | P | <input type="checkbox"/> Delete |
| NAME | LEE-COX, KAREN | |
| STREET ADDRESS | 8101 NW 46TH COURT | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | COX, STEPHEN R | |
| STREET ADDRESS | 8101 NW 46 CT | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TRAVERSE, THOMAS | |
| STREET ADDRESS | MELLER LANE | |
| CITY-ST-ZIP | JUPITER FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0373276 AV

CR2E034 (10/02)