

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90133 049 ***150.00

DOCUMENT # P97000057931

1. Entity Name
LOFFLER'S CATERING, INC.



Principal Place of Business
**2620 NW 27TH AVE
MIAMI FL 33142**

Mailing Address
**6762 S.W. 77 TERR.
MIAMI FL 33143**

2. Principal Place of Business

2620 N.W. 27th AVE

3. Mailing Address

2620 N.W. 27th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-0773314

Applied For

Not Applicable

Zip

33142

Country

U.S.A.

Zip

33142

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALVIN, ELSA L
6762 S.W. 77TH TERRACE
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **RICHARD O'KEEFE**

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

800 WEST AVE # 341

City

MIAMI BEACH

FL

Zip Code

33142

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

1/15/03

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

TITLE **P** ☒ Delete
NAME **LOFFLER GALVIN, ELSA**
STREET ADDRESS **6762 S.W. 27 AVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **T** ☐ Delete
NAME **O'KEEFE, RICHARD**
STREET ADDRESS **800 W AVENUE #708**
CITY-ST-ZIP **MIAMI FL 33139**

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

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

TITLE **R** ☐ Change ☒ Addition
NAME **DAVID O'KEEFE**
STREET ADDRESS **26 THOMPSON PL.**
CITY-ST-ZIP **BROOKLYN, N.Y. 11231**

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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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

305 637-5559

Daytime Phone #

CR2E034 (10/02)