

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-08-2002 90126 039 ***158.75

DOCUMENT # P98000031147

1. Entity Name
CULINARY STRATEGIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4009 Leona Street

3. Mailing Address
625 E. Twiggs Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3518125

Applied For
☐ Not Applicable

Zip
33629

Country
USA

Zip
33602

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David B. Weinstein, Esq.

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

Suite 100

City Tampa

FL

Zip Code 33602

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

David B. Weinstein, Esq.

1 April 2002

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

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	Weinstein, Eric	4009 Leona Street Tampa, FL 33629
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Weinstein, Eric

Date

Daytime Phone #

CR2E034B (12/01)