

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90091 023 ***150.00

DOCUMENT # P98000063901

1. Entity Name
CUTTING EDGE CATERERS, INC.



Principal Place of Business
**9842 SANDLEFOOT BLVD
BOCA RATON FL 33428**

Mailing Address
**9842 SANDLEFOOT BLVD
BOCA RATON FL 33428**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0852674

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

**PETILLO, FRED
10562 FENWAY PLACE
BOCA RATON FL 33498**

Name **Michael Petillo**

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

9799 ERICA CT

City **BOCA RATON**

FL

Zip Code **33496**

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 **Michael Petillo**

Michael Petillo

1-9-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☒ Delete
NAME **PETILLO, FREDERICK**
STREET ADDRESS **10562 FENWAY PLACE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PETILLO, RICHARD**
STREET ADDRESS **6888 PALMETTO CIRCLE SOUTH, #905**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition
NAME **Sec. Pres. Petillo, Richard**
STREET ADDRESS **10907 TAMORON LANE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **D** ☐ Delete
NAME **PETILLO, MICHAEL**
STREET ADDRESS **3922 W. SANDPIPER DRIVE #2**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☒ Change ☐ Addition
NAME **VICE PRES Petillo, Michael**
STREET ADDRESS **9799 ERICA CT**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Michael Petillo
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)