

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 12, 2000 8:00 am
Secretary of State

03-15-2000 90021 036 ***150.00

DOCUMENT # P99000051962

1. Entity Name
SCAVELLA ENTERPRISES, INC.

Principal Place of Business Mailing Address
 1861 NW 115 STREET 1861 NW 115 STREET
 MIAMI FL 33167 MIAMI FL 33167-2705

SHARES SPACE WITH NAT'S CATERING
 2. Principal Place of Business 3. Mailing Address
17390 PA-HOOKA BOULEVARD *1861 NW 115th Street*
 Suite, Apt. #, etc. Suite/Apt. #, etc.
DPA-HOOKA FL *Miami, FL*
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
105-0926973 Not Applicable
 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
SCAVELLA, ELLIOTT J Name *Judy S. Scavella*
 1861 NW 115 STREET Street Address (P.O. Box Number is Not Acceptable) *1861 N.W. 115th Street*
 MIAMI FL 33167 *Miami*
 City City FL Zip Code *33167*

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 *Judy S. Scavella* DATE *4/9/2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWKINS, HARRY W.	NAME	<i>DAWKINS HARRY W Secretary</i>
STREET ADDRESS	2520 NW 121 ST	STREET ADDRESS	<i>2520 NW 121 Street</i>
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	<i>Miami, FL 33156</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRACHAN, RICHARD J	NAME	<i>Bernard Hudson Treasurer</i>
STREET ADDRESS	8841 NW 14 AVE	STREET ADDRESS	<i>1861 NW 115th Street</i>
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	<i>Miami, FL 33167</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKNEY, CONSTANCE	NAME	<i>Jackie Day Vice-President</i>
STREET ADDRESS	1507 NW 57 ST	STREET ADDRESS	<i>1015 NW 106 Street</i>
CITY-ST-ZIP	MIAMI 33 33142	CITY-ST-ZIP	<i>Miami, FL 33150</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>Judy S. Scavella</i>
STREET ADDRESS		STREET ADDRESS	<i>1861 NW 115th Street</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Miami, FL 33167</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Judy S. Scavella* DATE: *4/9/2000*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E084 (9/99)