2001 UNIFORM BUSINESS REPORT (UBR)

AND TYPED OR PRINTED NAME OF

NG OFFICER OR DIRECTOR

Date

Daytime Phone #

May 11, 2001 8:00 am Secretary of State DOCUMENT # P9900065137 SCHOOL FOOD SERVICE SYSTEMS, INC. 05-11-2001 90007 034 ***150.00 Principal Place of Business Mailing Address 12701 NW 38TH AVE 12701 NW 38TH AVE OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0934620 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YELEN, JAN A Street Address (P.O. Box Number is Not Acceptable) YELEN & YELEN, P.A. 1104 PONCE DE LEON BLVD CORAL GABLES FL 33134 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Delete TITLE NAME NAME GRENE, STEPHEN STREET ADDRESS STREET ADDRESS 12701 NW 38TH AVE. CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 Change ☐ Delete TITLE TITLE shout Reisman NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP To Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in tal 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 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 an address. With all other like empowered. 13. I hereby certify that the in indicated on this report of of the corporation or the re trustee ea changed, or on an attac SIGNATURE: