

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000065137**

1. Entity Name

SCHOOL FOOD SERVICE SYSTEMS, INC.**FILED**
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90001 005 ***550.00

0028491 AV

Principal Place of Business

12701 NW 38TH AVE
OPA LOCKA FL 33054

Mailing Address

12701 NW 38TH AVE
OPA LOCKA FL 33054**B0133746**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0934620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****YELEN, JAN A**
YELEN & YELEN, P.A.
1104 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **P** ☐ Delete
NAME **GRENE, STEPHEN**
STREET ADDRESS **12701 NW 38TH AVE.**
CITY-ST-ZIP **OPA LOCKA FL 33054**TITLE **VP** ☐ Delete
NAME **REISMAN, STUART**
STREET ADDRESS **2458 GREENBRIER CT**
CITY-ST-ZIP **WESTON FL 33327**TITLE **VP** ☐ Delete
NAME **GREENE, JEFFREY**
STREET ADDRESS **12701 NW 38TH AVE**
CITY-ST-ZIP **OPA LOCKA FL 33054**TITLE **VP** ☐ Delete
NAME **COLON, MARIA**
STREET ADDRESS **12701 NW 38TH AVE**
CITY-ST-ZIP **OPA LOCKA FL 33054**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

8-07-02-305-6870000

CR2E034 (4/02)