

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90104 009 \*\*\*150.00

**DOCUMENT # P99000109599**

1. Entity Name  
**SOUTH FLORIDA HOSPITALITY PROVISIONS, INC.**



AMENDED

Principal Place of Business  
**501 E. CAMINO REAL  
BOCA RATON FL 33432**

Mailing Address  
**P O BOX 5025  
CORPORATE OFFICES  
BOCA RATON FL 33431**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0968335</b>                           |  | Applied For                           |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |
| City & State                   |         | City & State        |         | Not Applicable  |  |                                       |
| Zip                            | Country | Zip                 | Country |   |  |                                       |

|   |  |  |  |  |  |           |  |
|---|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |           |  |
| <b>AMERICAN INFORMATION SERVICES, INC.<br/>ONE SE 3RD AVENUE, 28TH FLOOR<br/>MIAMI FL 33131</b> |  |  |  | Name   |  |           |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |           |  |
|   |  |  |  | City   |  | <b>FL</b> |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**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                      | <b>VS</b>                                  | <input type="checkbox"/> Delete            |  | TITLE   |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | <b>HANDLEY, RICHARD L</b>                  |  |  | NAME  |                             |  |  |
| STREET ADDRESS             | <b>450 EAST LAS OLAS BLVD., 15TH FLOOR</b> |  |  | STREET ADDRESS  |                             |  |  |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL 33301</b>            |  |  | CITY-ST-ZIP   |                             |  |  |
| TITLE                      | <b>DV</b>                                  | <input checked="" type="checkbox"/> Delete |  | TITLE   | <b>DV</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>PIERCE, WILLIAM M</b>                   |  |  | NAME  | <b>MOOR, WAYNE</b>          |  |  |
| STREET ADDRESS             | <b>501 E CAMINO REAL</b>                   |  |  | STREET ADDRESS  | <b>501 EAST CAMINO REAL</b> |  |  |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>                 |  |  | CITY-ST-ZIP   | <b>BOCA RATON, FL 33432</b> |  |  |
| TITLE                      | <b>P</b>                                   | <input checked="" type="checkbox"/> Delete |  | TITLE   |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | <b>ROCHON, RICHARD C</b>                   |  |  | NAME  |                             |  |  |
| STREET ADDRESS             | <b>450 E LAS OLAS BLVD # 1500</b>          |  |  | STREET ADDRESS  |                             |  |  |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL 33301</b>            |  |  | CITY-ST-ZIP   |                             |  |  |
| TITLE                      | <b>VT</b>                                  | <input checked="" type="checkbox"/> Delete |  | TITLE   | <b>VT</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | <b>DAURIA, STEVEN M</b>                    |  |  | NAME  | <b>FINOCCHIARO, MARY JO</b> |  |  |
| STREET ADDRESS             | <b>501 E CAMINO REAL</b>                   |  |  | STREET ADDRESS  | <b>501 EAST CAMINO REAL</b> |  |  |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>                 |  |  | CITY-ST-ZIP   | <b>BOCA RATON, FL 33432</b> |  |  |
| TITLE                      | <b>P</b>                                   | <input type="checkbox"/> Delete            |  | TITLE   |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | <b>FEDER, DAVID S</b>                      |  |  | NAME  |                             |  |  |
| STREET ADDRESS             | <b>501 E CAMINO REAL</b>                   |  |  | STREET ADDRESS  |                             |  |  |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33432</b>                 |  |  | CITY-ST-ZIP   |                             |  |  |
| 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   |                             |  |  |

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: Mary Jo Finocchiaro **2/6/03** **561-447-5302**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (10/02)

*Mary Jo Finocchiaro* Mary Jo Finocchiaro 7/17/03 561-447-5302