FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90224 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S15702

1. Entity Name
Top Notch Caterers, INC.

DO NOT WRITE IN THIS SPACE

40095778

2. Principal Place of Business: 516 N. DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address: 516 N. DIXIE HWY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: LANTANA FL.
Zip: 33462 Country: PALM BEACH

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Zip: 33462 Country: Palm Beach

4. FEI Number: 65-0230756 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: MARSHA A. KROPF
Street Address (P.O. Box Number is Not Acceptable): 7856 MANOR FOREST LN.
City: BOYNTON BEACH **FL** Zip Code: 33436

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARSHA A. KROPF 7856 MANOR FOREST LN. BOYNTON BEACH FL. 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #