**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 21, 2002 8:00 am Secretary of State DOCUMENT # S65353 1. Entity Name J & J CATERING SERVICES, INC. 02-21-2002 90052 008 \*\*\*150.00 Principal Place of Business Mailing Address 7828 JAFFA DRIVE 7828 JAFFA DRIVE ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3077544=- - - -Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WASHINGTON, MAMIE E. Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST AVENUE E. BELLE GLADE FL City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 Addition TITLE ☐ Delete TITLE NAME BENJAMIN, GEORGE NAME STREET ADDRESS 3501 NW 26TH STREET STREET ADDRESS LAUDERDALE LAKES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME **BURKS, JAMES** STREET ADDRESS STREET ADDRESS 7828 JAFFA DR. CITY-ST-ZIP City-St-ZIE ORLANDO FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

IRE: DEN AUGUSTO SOLUTIONS T. Burks 2/1/2002 (407)299-495

changed, or on an attachment with an address, with all other like empowered