

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90107 036 ***150.00

DOCUMENT # V39205

1. Entity Name
TIFFY'S CATERING INC.

Principal Place of Business

1721 SW 87TH AVE
MIRAMAR FL 33025

Mailing Address

1721 SW 87TH AVE
MIRAMAR FL 33025

2. Principal Place of Business

20316 NW 2nd Ave.
Suite, Apt. #, etc.

3. Mailing Address

20316 NW 2nd Ave
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami FL

Zip
33169

Country

Zip
33169

Country

4. FEI Number **APPLIED FOR**
65-0375634

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAHONG, RICHARD
1721 SW 87TH AVE
MIRAMAR FL 33025

Name

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

City

FL

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 _____

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	LEAHONG, RICHARD	
STREET ADDRESS	1721 SW 87TH AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LEAHONG, BEVERLY	
STREET ADDRESS	1721 SW 87TH AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 lines empowered.

SIGNATURE: *Richard Leahong*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01 *305-651-2393*
Date Daytime Phone #

CR2E034 (10/00)