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**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90767 029 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # V39205**

1. Entity Name  
**TIFFY'S CATERING INC.**

Principal Place of Business  
**20316 NORTHWEST 2ND AVENUE  
MIAMI FL 33169**

Mailing Address  
**20316 NORTHWEST 2ND AVENUE  
MIAMI FL 33169**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

4. FEI Number **65-0375634**  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LEAHONG, RICHARD  
1721 SW 67TH AVE  
MIRAMAR FL 33025**

7. Name and Address of New Registered Agent  
Name **ERMA M CRAE**  
Street Address (P.O. Box Number is Not Acceptable)  
**20316 NW 2nd Avenue**  
**Miami**  
City **FL** Zip Code **33169**



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 *Erma McRae* DATE **6/7/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT LEAHONG, RICHARD 1721 SW 67TH AVE MIRAMAR FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS LEAHONG, BEVERLY 1721 SW 67TH AVE MIRAMAR, FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ERMA M CRAE SS 320 NW 197th Ave (592-22-5222) Pembroke Pines Fl 33029-3335</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SHELDON M CRAE SS 320 NW 197 Ave (589-27-6088) Pembroke Pines Fl 33029-3335</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President ERMA M CRAE - SS# 592-22-5222 320 NW 197 Avenue Pembroke Pines, FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President Sheldon M CRAE - SS# 589-27-6088 320 NW 197 Avenue Pembroke Pines, FL 33029</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Erma McRae* DATE **4-8-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Requesting Certificate of Status (\$8.75 enclosed)*

CFR2034 (9/01)

Attachment 35305



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 29, 2002

TIFFY'S CATERING INC.  
20316 NORTHWEST 2ND AVENUE  
MIAMI, FL 33169

Subject: **TIFFY'S CATERING INC.**

Reference Number: **V39205**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS  
ANNUAL REPORTS SECTION

35305

Attachment

# V 39205

Dear Sir

Effective March 31st 2002  
Liffys Catering has change New Management  
- officers RICHARD LEATHON (PT) and  
BEVERLY LEATHON (VPS) has been change.

The new officers for the Corporation is

(1) ERMA McRAE (PT) (SS) 592-22-5222  
300 NW 197 Ave  
Pembroke Pines FL 33029-3335

(2) STEEDON McRAE (VPS) SS 589-<sup>27</sup>~~28~~-6088  
300 NW 197 Ave  
Pembroke Pines FL 33029-3335

Please make necessary changes and update.

Thank you

Richard Leathon