

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V39205

FILED
Sep 27, 2002
Secretary of State

Entity Name: TIFFY'S CATERING INC.

Current Principal Place of Business:

20316 NORTHWEST 2ND AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20316 NORTHWEST 2ND AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0375634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCRAE, ERMA
20316 NW 2ND AVE
MIAMI, FL 33169

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCRAE, ERMA
Address: 320 NW 197TH AVE
City-St-Zip: HOLLYWOOD, FL 330293335

Title: VP () Delete
Name: MCRAE, SHELDON
Address: 320 NW 197TH AVE
City-St-Zip: HOLLYWOOD, FL 330293335

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCRAE, ERMA
Address: 320 NW 197TH AVE
City-St-Zip: PEMBROKE PINES, FL 330293335

Title: VP (X) Change () Addition
Name: MCRAE, MARLON
Address: 320 NW 197TH AVE
City-St-Zip: PEMBROKE PINES, FL 330293335

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERMA MCRAE

P

09/27/2002

Electronic Signature of Signing Officer or Director

_____ Date