2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

MIAMI FL 33136

3. Mailing Address

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered

Suite, Apt. #, etc.

1345 N. MIAMI AVE.

DOCUMENT # M10644

Country

6. Name and Address of Current Registered Agent.

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SOROTA, ROBERT

1345 N. MIAMI AVE. MIAMI FL 33136

the obligations of registered agent.

City & State

Zip

SIGNATURE

1345 N. MIAMI AVE.

MIAMI FL 33136

ABC RESTAURANT SUPPLIES & EQUIPMENT, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90045 027 ***150.00

70011724

		☐ CHECK HERE	IF MAKIN	NG CHAN	IGES			
		4. FEI Number 59-2496479	4. FEI Number 59-2496479		Applied For			
Car	intry				Not Applicable			
	intry	5. Certificate of Status Desired	ertificate of Status Desired					
	<u> </u>	7Name and Address of New R	legistered	d Agent -				
	Name							
	Street Addre	ess (P.O. Box Number is Not Acceptable	P.O. Box Number is Not Acceptable)					
								
	City		FI	L Zip	Code			
ng its register	red office or reg	istered agent, or both, in the State of Flo	rida. I am	n familiar v	with, and accept			
(NOTE: Registere	ed Agent signature rec	quired when reinstating)	DATE	·				

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

	R rayable to Florida Department of State			irust Fund Contribution,	니 Added	to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	P SOROTA, ROBERT 11111 BISCAYNE BLVD MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	; OBTHIONO, OF INTEGER	S AND DIRECTOR: ☐ Change	SIN 11	
NAME STREET ADDRESS CITY-ST-ZIP	ST SOROTA, JOSEPH 11111 BISCAYNE BLVD. MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP	ortify that the information	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

12. I hereby 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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #