

FROM : PAWPB INC.

FAX NO. : 6894010

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90423 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037305

1. Entity Name

PARK AVENUE BBQ & GRILLE OF WEST PALM BEACH, INC

Principal Place of Business

2215 PALM BEACH LAKES BLVD.
W. PALM BEACH FL

Mailing Address

2215 PALM BEACH LAKES BLVD.
W. PALM BEACH FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0999975

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BRAMS, DANIEL J ESO
1645 PALM BEACH LAKES BLVD., STE. 1050
W. PALM BEACH FL 33401

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

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

(NOTE: Agents and Agents 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, 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-STATE-ZIP
 D
 LAVALLEE, DEAN
 2215 PALM BEACH LAKES BLVD.
 W. PALM BEACH FL

☐ Delete

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 D
 LAVALLEE, DEAN
 2215 PALM BEACH LAKES BLVD.
 W. PALM BEACH FL

☐ Change ☒ Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

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 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 information.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone

CFR2034 (9/01)

561-694-2051