

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000041324

FILED
Feb 25, 2002 8:00 AM
Secretary of State

Entity Name: PASHA'S RESTAURANTS INC.

Current Principal Place of Business:

2459 SW 25TH TERRACE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

33 SAMANA DRIVE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-1001893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, NICOLAS
33 SAMANA DRIVE
MIAMI, FL 33133 US

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 ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORTES, NICOLAS
Address: 33 SAMANA DRIVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: ELLEK, ANTONIO
Address: 650 WEST AVENUE, APT. 3104
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORTES, NICOLAS MR.
Address: 33 SAMANA DRIVE
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change () Addition
Name: ELLEK, ANTONIO MR.
Address: 650 WEST AVENUE, APT. 3104
City-St-Zip: MIAMI BEACH, FL 33139

Title: O () Change (X) Addition
Name: ELLEK, CARLA MS.
Address: 650 WEST AVENUE, APT. 3104
City-St-Zip: MIAMI BEACH, FL 33139

Title: O () Change (X) Addition
Name: BEAMAN, DAVID MR.
Address: 11625 NW 11 ST.
City-St-Zip: PEMBROKE PINES, FL 33026

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: NICOLAS CORTES

D

02/25/2002

Electronic Signature of Signing Officer or Director

_____ Date