**FILED** 

Aug 01, 2003 8:00 am Secretary of State

08-01-2003 90061 043 \*\*\*550.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (VBR)

P02000013623 DOCUMENT #

1. Entity Name

CORAL SPRINGS RESTAURANT GROUP, INC.

Principal Place of Business 5225 NW 98TH LN. CORAL SPRINGS FL 33076  2. Principal Place of Business Suite, Apt. #, etc. City & State	Mailing Address 5225 NW 98TH LN. CORAL SPRINGS FL 33076  3. Mailing Address  Suite, Apt. #, etc.	☐ CHECK HERE IF MAKING CHANGES
CORAL SPRINGS FL 33076  2. Principal Place of Business  Suite, Apt. #, etc.	CORAL SPRINGS FL 33076  3. Mailing Address  Suite, Apt. #, etc.	
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City & State	Chyl Chris	
City & State	City & Chata	
	City & State 4. FE	El Number  03-038972    Not Applicable
Zip Country	Zip Country 5. Ce	ertificate of Status Desired
6. Name and Address of Current R	Current Registered Agent 7. Na	ame and Address of New Registered Agent
	Name	
MFIR. MOTI		x Number is Not Acceptable)
MEIR, MOTI	Street Address (P.O. Box	
5225 NW 98TH LN.	Street Address (P.O. Box	<u> </u>
•	Street Address (P.O. Box	<b>E</b> ∎ Zip Code
5225 NW 98TH LN.	Street Address (P.O. Box	FL Zip Code
5225 NW 98TH LN. CORAL SPRINGS FL 33076		<u> </u>
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and the second second second second	Zip Country 5. Ce Current Registered Agent 7. Na	ertificate of Status Desired — \$8.75 Additional Fee Required  ame and Address of New Registered Agent  ox Number is Not Acceptable)

12. I hereby certify that the information supplied with this filing 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 path; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE** 

TITLE

NAME

TITLE NAME

STREET ADDRESS

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☐ Delete

☐ Delete

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