2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007389

1. Entity Name

Healthy Bites Grill, Inc.

P99000007389

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 4:17

Principal Place of Business	Mailing Address
275 COMMERICAL BLVD SUITE 260 FORT LAUDERDALE FL 33308	275 COMMERCIAL BLVD SUITE 260 FORT LAUDERDALE FL 33308

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

4. FEI Number: 65-0890810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: BRUNO SARTORI
Street Address (P.O. Box Number is Not Acceptable): 275 COMMERCIAL BLVd. # 260
City: LAUDERDALE By the Sea FL Zip Code: 33308

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] 4/3/2001
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTD ☐ Delete	TITLE	200004466762--2 -07/10/01--01021--002 ****300.00 ****300.00
NAME	D'ALONZO, MARCO	NAME	
STREET ADDRESS	275 COMMERCIAL BLVD #260	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAKER, DOUGLAS	NAME	
STREET ADDRESS	275 COMMERCIAL BLVD #260	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	SP
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 empowered.

SIGNATURE: Douglas Baker Douglas Baker 4/30/2001 (305) 351-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #