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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$73964

UKULELE BAR, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90217 033 ***150.00



Principal Flace	e of busiless	Maining Address			1				
10950 BISCAYNE BLVD. MIAMI FL 33161-7460		10950 BISCAYNE BLVD. MIAMI FL 33161-7460			DO NOT WRITE IN THIS SPACE				
							IE IN THIS S	FACE	
						porated or Qualifed			}
					08/16/19			· 1 1 .	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Numbe				plied For
21		26				427			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate	of Status Desired		\$8.75	l I
22		27						Fee Re	quired
City & State		City & State			6. Election Ca	ampaign Financing	Ω	\$5.00	
23	The state of the s	_ 28				Contribution		Added t	o Fees,
Zip	Country	Zip	Country	<i>,</i>		ration owes the curr			-
24	25	11	30			roperty Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and	Address of New F			
DICE	AND ANTHONY D		81	Name	TOUN 66	ERALD	BISB	ANO	<u> </u>
	BANO, ANTHONY R.		82 Street Add		Address (P.O. Box Nu	mber is Not Accepta	/— —		·
	00 N.E. 13TH AVE.				28001	VE 13.	fue.		
N. M	IIAMI FL 33161	•	83					-	ļ
	1.4		84	City				85 Zip.	ode
_	\$ -		04	City	N. MIA	21	FL	85 Zip.	3761
11: Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above	e-named	corporation submits th	nis statement for the	purpose of cl	nanging its	registered
office or re	to the provisions of Sections 607.050. egistered agent, or both, in the State, m tamiliar with, and action the obligat	of Florida. Such change was aut	thorized by	the corpo	oration's board of direc	ctors. I hereby accer	ot the appoint	ment as re	gistered
agent I a							,	1 -	_
	m ramiliar with, and action the obligat		ua Statules	-		1	120	10	9
SIGNATURE	- John ()	restano			equired when reinstating)		/ 20 DATE	19	9
SIGNATURE	Signature, typed or printed name of registered egen	nt and title if applicable. (NOTE: R			equired when reinstating)	S/CHANGES TO OF	/ 2-0 DATE	19	2
SIGNATURE	Signature, typed or printed name of registered egen	restano	Registered Ager		equired when reinstating) ADDITIONS	CHANGES TO OF	DATE FICERS AND	DIRECTO	2
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12. TITLE NAME STREET ADDRESS	Signarda, typed or printed name of registered egen OFFICERS AN D BISBANO, ANTHONY R. 12800 N.E. 13TH AVE	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature re	ADDITIONS TO HW GE	S/CHANGES TO OF	DATE FICERS AND PLSBAR 4JC	DIRECTO Change	9 RS IN 12
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14. 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 annual report or supplemental annual 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 officer or director of the Block 12 or Block 13 if