

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90007 006 ***558.75

DOCUMENT # 667710

1. Corporation Name
RIBS OF HALLANDALE, INC.

Principal Place of Business
4520 W. HALL BEACH BLVD.
HOLLYWOOD FL 33023
US

Mailing Address
2485 E-SUNRISE BLVD
202
FT. LAUDERDALE-FL-33304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1980

4. FEI Number

59-1993924

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 4520 W. HALLANDALE BEACH BLVD

27 Suite, Apt. #, etc.

28 City & State

HOLLYWOOD, FL

29 Zip

30 Country

33023

31 Broward

9. Name and Address of Current Registered Agent

DOMINICK F MINIACI, EDQ

821 E BROWARD BLVD

FT. LAUDERDALE FL 33301

4520 W. HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023

81 Name FRANK J. GALGANO

82 Street Address (P.O. Box Number is Not Acceptable) 4520 W. HALLANDALE BEACH BLVD.

83 City HOLLYWOOD, FL

84 City

FL

85 Zip Code

33023

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

FRANK J. GALGANO

(NOTE: Registered Agent signature required when reinstating)

2/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD S
NAME GALGANO, FRANK
STREET ADDRESS 2485 E SUNRISE BLVD, #202
CITY-ST-ZIP FT LAUDERDALE, FL 00000

☐ DELETE

TITLE S
NAME CODY, THERESA
STREET ADDRESS 2128 BIT PATH
CITY-ST-ZIP SEAFORD, NY 00000

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK GALGANO

2/10/99

954.565-6737

Date

Daytime Phone #

CR2E034 (11/98)

0281027