

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000024119**

1. Entity Name

BISTRO GRUB, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 W. Commercial BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

Zip

33309

Country

BROWARD

Country

4. FEI Number

05-1085568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mohamad Masri

Street Address, (P.O. Box Number is Not Acceptable)

2400 W. Commercial Blvd

City

FT. Lauderdale

FL

Zip Code

33305

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P/D**
NAME **MASRI, MOHAMAD**
STREET ADDRESS **5613 PIERCE STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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IN THIS SPACE

T. Lewis 4/8/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/02 (305) 954 471-2962

CR2E034B (12/01)