

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90213 001 \*\*\*150.00

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**DOCUMENT # 396128**

1. Entity Name  
**FOOD SPOT NO. 22, INC.**



Principal Place of Business  
**7901 LUDLAM RD  
SO MIAMI FL 33143**

Mailing Address  
**7901 LUDLAM RD  
SO MIAMI FL 33143**



2. Principal Place of Business  
**9990 SW 77 AVE**

3. Mailing Address  
**9990 SW 77 AVE**

Suite, Apt. #, etc.  
**200**

CHECK HERE IF MAKING CHANGES

City & State  
**South Miami FL**

City & State  
**South Miami, FL**

Zip  
**33156**

Country

4. FEI Number **59-1380851**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILNER, BRUCE  
7901 LUDLAM RD  
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**9990 SW 77 AVE  
SUITE 200**

City  
**South Miami FL**

Zip Code  
**33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>DEUTSCH, ELLIOT J</b>	
STREET ADDRESS	<b>7901 LUDLAM RD</b>	
CITY-ST-ZIP	<b>S MIAMI FL</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>HARRIS, LARRY J</b>	
STREET ADDRESS	<b>7901 LUDLAM RD</b>	
CITY-ST-ZIP	<b>S MIAMI FL</b>	
TITLE	EXVP	<input type="checkbox"/> Delete
NAME	<b>WILNER, BRUCE S.</b>	
STREET ADDRESS	<b>7901 LUDLAM RD.</b>	
CITY-ST-ZIP	<b>S. MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>9990 SW 77 AVE SUITE 200</b>	
CITY-ST-ZIP	<b>South Miami, FL 33156</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>9990 SW 77 AVE SUITE 200</b>	
CITY-ST-ZIP	<b>South Miami, FL 33156</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce S. Wilner* **SIGNATURE REGISTERED** 4/23/03 305 273 7794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)