

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0249666 AV

04-28-2003 90213 002 ***150.00

DOCUMENT # 513853

1. Entity Name
FOOD SPOT NO. 38 INCORPORATED



Principal Place of Business
**7901 LUDLAM RD
S MIAMI FL 33143
US**

Mailing Address
**7901 LUDLAM RD
S MIAMI FL 33143
US**



2. Principal Place of Business

9990 SW 77 AVE

3. Mailing Address

9990 SW 77 AVE

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

SOUTH MIAMI, FL

City & State

SOUTH MIAMI, FL

4. FEI Number

59-1691883

Applied For

Not Applicable

Zip

33156

Country

Zip

33156

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9990 SW 77 AVE SUITE 200
CITY-ST-ZIP	SOUTH MIAMI, FL 33156
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9990 SW 77 AVE SUITE 200
CITY-ST-ZIP	SOUTH MIAMI, FL 33156
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	
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** Date: **4/23/03** Daytime Phone #: **305 273 7796**

CR2E034 (10/02)