2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT\# P13000071765

Entity Name: MUSSEL BEACH RESTAURANT, INC.

## Current Principal Place of Business:

501 EAST ATLANTIC AVENUE
DELRAY BEACH, FL 33483

## Current Mailing Address:

4755 TECHNOLOGY WAY
BUILDING 1, SUITE 1
BOCA RATON, FL 33431
FEI Number: 46-3548901
Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BILOTTI, JOSEPH
4755 TECHNOLOGY WAY
BUILDING 1, SUITE 1
BOCA RATON, FL 33431 US

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:
Electronic Signature of Registered Agent

## Officer/Director Detail :

| Title | P/D | Title | VP/S |
| :--- | :--- | :--- | :--- |
| Name | MEZZANCELLO, PATRICIA | Name | BILOTTI, JOSEPH |
| Address | 501 E. ATLANTIC AVENUE | Address | 4755 TECHNOLOGY WAY, BLDG 1, |
| City-State-Zip: | DELRAY BEACH FL 33483 | City-State-Zip: | BTE 1 |
| Title | T | Title | D |
| Name | MEZZANCELLO, MARK FL 33431 | Name | BILOTTI, JOSEPH |
| Address | 501 E. ATLANTIC AVENUE | Address | 4755 TECHNOLOGY WAY, BLDG 1, |
| City-State-Zip: | DELRAY BEACH FL 33483 |  | City-State-Zip: |
|  |  | BOCA RATON FL 33431 |  |

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[^0]:    I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

