

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031975

Entity Name: NORTHEAST RESTAURANT CORP.**Current Principal Place of Business:**500 SOUTH 3RD ST
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**500 SOUTH 3RD ST
JACKSONVILLE BEACH, FL 32250 US**FEI Number:** 59-3241988**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DARABI, FARZIN
500 SOUTH 3RD STREET
JACKSONVILLE BEACH, FL 32250 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_____
Date**Officer/Director Detail :**

Title	PD
Name	DARABI, FARZIN
Address	500 SOUTH 3RD STREET
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	STD
Name	PARTOW, RAMIN
Address	500 SOUTH 3RD STREET
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	OWENS, THERESA
Address	2 REVOLUTIONARY WAY APT 201
City-State-Zip:	HOPKINTON MA 01748

Title	DIRECTOR
Name	DERAZI, HASSAN
Address	500 SOUTH 3RD ST
City-State-Zip:	JACKSONVILLE BEACH FL 32250

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.

SIGNATURE: THERESA OWENS**DIRECTOR****04/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date