

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90236 042 ***150.00

DOCUMENT # 232976

1. Entity Name
BAR-B-Q SPOT, INC.

Principal Place of Business
400 SOUTH STATE ROAD 7
FORT LAUDERDALE FL 33317-4043

Mailing Address
930 WASHINGTON AVE.
#208
MIAMI BCH. FL 33139
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-0904252

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONTIFF, SCOTT J.
NATIONS BANK BUILDING
930 WASHINGTON AVE., 2ND FLOOR
MIAMI BCH. FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JONTIFF, LYNN B.	330 HIFMAN RD	VERSAILLES KY 40383	<input type="checkbox"/>
DST	JONTIFF, SCOTT J.	930 WASHINGTON AVE, STE 208	MIAMI BCH. FL	<input type="checkbox"/>
D	CHERNIN, WENDY R	1800 SUNSET HARBOR DR, APT 1509	MIAMI BEACH FL 33139	<input type="checkbox"/>
D	CHERNIN, ELLYN P	1800 SUNSET HARBOR DR, APT 1009	MIAMI BEACH FL 33139	<input type="checkbox"/>
D	JONTIFF, KEVIN M	223 BRIANWOOD CIRCLE	HOLLYWOOD FL 33024	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: SIGNATURE OF REGISTERED AGENT Dir. Sec. Trans. 4/15/02 305-674-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #