

\$5000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # 341109

1. Entity Name

FAMOUS INDUSTRIES INC

FILED

00 JUL 14 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5450 LAKE WORTH ROAD
PO BOX 511
LAKE WORTH FLA 33460

Mailing Address

5450 LAKE WORTH ROAD
PO BOX 511
LAKE WORTH FLA 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



2/20/00 90005012745000
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1231827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, JOHN L.
325 THIRD STREET
WEST PALM BEACH FL 33401

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROZ, SOPHIA 22 HARBOR DR LAKE WORTH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROZ, JAMES 22 HARBOR DR. LAKE WORTH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROZ, EDWARD JR. 3787 WRY RD LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICKS, BARBARA BROZ 4455 CONSTANTINE CR GREENACRES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROZ, JEROME 9778 NICKELS BLVD APT 505 BOYNTON BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELSANTO, CATHERINE 3844 CORRIGAN CT. LAKE WORTH FL	<input type="checkbox"/> Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-00

Bohemian Garden Restaurant
5450 Lake Worth Road
Greenacres, FL 33463
P.O.Box 511
Lake Worth, Fl. 33460
561-968-4111-968-4113
Fax 561-968-9489

07/07/2000

FLORIDA DEPT.OF STATE
DIVISION OF CORPORATIONS

To Whom It May Concern,

WE RECEIVED A SECOND NOTICE ON FILING OUR ANNUAL REPORT. THE FORM WAS MAILED TO YOU ON JANUARY 20,2000, WITH A CHECK IN THE AMOUNT OF \$150.00 CHECK # 1396. YOUR RECORDS SHOW THAT YOU RECEIVED THE CHECK BUT THE FORM WAS NOT SIGNED. THE FORM WAS RETURNED TO US. I SIGNED THE FORM & MAILED IT BACK TO YOU. YOU HAVE NO RECORD OF RECEIVING IT. I AM SIGNING A SECOND FORM AND RETURNING IT WITH THIS LETTER. I HOPE THIS WILL SETTLE EVERYTHING. PLEASE FEEL FREE TO CALL WITH ANY QUESTIONS.561-968-4111. OUR OFFICE IS OPEN TUESDAY-SUNDAY 1:00P.M. – 9:00P.M..

Sincerely,



BARBARA HICKS
BOHEMIAN GARDEN RESTAURANT
Bohemian Garden Restaurant