

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90109 010 ***150.00

031725

DOCUMENT # 341109

1. Entity Name

FAMOUS INDUSTRIES INC

Principal Place of Business

Mailing Address

**5450 LAKE WORTH ROAD
 PO BOX 511
 LAKE WORTH FLA 33460**

**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

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 reinstalling)

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, 2001 Fee will be \$550.00
 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 ☐ Delete
 NAME **VP**
 STREET ADDRESS **BROZ, SOPHIA**
 CITY-ST-ZIP **22 HARBOR DR
 LAKE WORTH, FL 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **P**
 STREET ADDRESS **BROZ, JAMES**
 CITY-ST-ZIP **22 HARBOR DR.
 LAKE WORTH, FL 00000**

TITLE ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Broz, Edward Sr.**
 CITY-ST-ZIP **22 Harbor Dr.
 Lake Worth, FL 33460**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BROZ, EDWARD JR.**
 CITY-ST-ZIP **3787 WRY RD
 LAKE WORTH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HICKS, BARBARA BROZ**
 CITY-ST-ZIP **4455 CONSTANTINE CR
 GREENACRES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BROZ, JEROME**
 CITY-ST-ZIP **9778 NICKELS BLVD APT 505
 BOYNTON BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DELSANTO, CATHERINE**
 CITY-ST-ZIP **3844 CORRIGAN CT.
 LAKE WORTH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 #

CR2E034 (10/00)

Bohemian Garden Restaurant
5450 Lake Worth Road
Greenacres, FL 33463
561-968-4111
FAX 561-968-9489

Document #
341109

525/91

PLEASE ADD THE FOLLOWING DIRECTOR:
DIRECTOR
BROZ, JAMES
22 HARBOR DRIVE DR.
LAKE WORTH, FL. 33460

THANK YOU

BARBARA
BOHEMIAN GARDEN RESTAURANT
Bohemian Garden Restaurant