

2000 UNIFORM BUSINESS REP.

(UBR)

9/11/00-90004-045-5150.00-5150.00

DOCUMENT # 637185

1. Entity Name

BOBBY RUBINO'S OF NORTH LAUDERDALE, INC.

FILED

00 SEP 26 PM 4:09

Principal Place of Business

6001 N. KIMBERLY BLVD.
N. LAUDERDALE FL 33068
US

Mailing Address

~~4520 W HALLANDALE BEACH BLVD~~
~~HOLLYWOOD FL 33023-4334~~
USSECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1935014

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GALGANO, FRANK
4520 W HALLANDALE BCH BLVD
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

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

6001 N Kimberly Blvd
N Lauderdale

FL

Zip Code

33068

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PS	☐ Delete
NAME	GALGANO, FRANK	
STREET ADDRESS	4520 W HALLANDALE BCH BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	6001 N. Kimberly Blvd	
STREET ADDRESS	N Lauderdale	
CITY-ST-ZIP	FL 33068	
TITLE		☐ Change ☐ Addition
NAME	100003417841	
STREET ADDRESS	-10/06/00--01137--004	
CITY-ST-ZIP	****400.00 ****400.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 #

JCR2034 (9/99)

5/1/00 (954) 452-7424