2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED DOCUMENT # 838336 Mar 04, 2000 8:00 am **Secretary of State** ELIAS BROTHERS RESTAURANTS, INC. 03-04-2000 90061 022 ***150.00 Principal Place of Business Mailing Address 4199 MARCY 4199 MARCY WARREN MI 48091 WARREN MI 48091-1733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 38-1709248 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CD Change ☐ Addition ☐ Delete TITLE TITLE ELIAS, LOUIS NAME NAME STREET ADDRESS 25505 TWEED STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FRANKLIN MI ☐ Change PD TITLE ☐ Addition TITLE ☐ Delete KASSAB, GABRIEL W NAME NAME STREET ADDRESS 24560 TWEED STREET ADDRESS CITY-ST-ZIP FRANKLIN MI CITY-ST-ZIP CEO DCEO ★ Addition X Delete TITLE Change TITLE HAMLYN, RICHARD L ANTHONY MICHAELS NAME NAME 25545 TWEED STREET ADDRESS STREET ADDRESS 4888 FREER ROAD CITY-ST-ZIP CITY-ST-7IP FRANKLIN MI ROCHESTER MI Change Addition | TITLE TITLE ☐ Delete MORGAN, WILLIAM NAME NAME 6035 ROCHESTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROCHESTER MI 48063** ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete (NAME STREET ADDRESS 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 a large section of the receiver of the corporation of 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 a large section of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver o

2-23-00 ANTHONY MICHAELS, CED.