

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90036 020 ***150.00

DOCUMENT # 839630

1. Entity Name

FAMILY STEAK HOUSES OF MIAMI, INC.



Principal Place of Business

11415 S DIXIE HWY
SUITE 200
MIAMI FL 33156

Mailing Address

11415 S DIXIE HWY
SUITE 200
MIAMI FL 33156

2. Principal Place of Business

10275 COLLINS AVE

Suite, Apt. #, etc.

#1131-S

City & State

BAI Harbor, FL

Zip

33154

Country

DATE

3. Mailing Address

10275 COLLINS AVE

Suite, Apt. #, etc.

#1131-S

City & State

BAI Harbor, FL

Zip

33154

Country

DATE



MOORE

CR2E034 (11/03)

4. FEI Number

95-3145370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, RICHARD M., C.P.A.
9485 SUNSET DR #A195
MIAMI FL 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME INGERSOLL, THOMAS P
STREET ADDRESS 809 SUNRIDGE RD.
CITY-ST-ZIP FAIRLAWN OH ☐ Delete

TITLE S
NAME PARKER, ROY
STREET ADDRESS 3100 W ROLLINGS HILLS CIR #506
CITY-ST-ZIP DAVIE FL 33328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME INGERSOLL
STREET ADDRESS 10275 COLLINS AVE #1131-S
CITY-ST-ZIP BAI Harbor, FL 33154 ☐ Change ☐ Addition **ADDRESS**

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tom Ingersoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04

Date

305 467 1076

Daytime Phone #