

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002804

1. Entity Name

RESTAURANT DEPOT ENTERPRISES, INC.

FILED

Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90097 009 \*\*\*150.00

80005492



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1470 COPANS RD  
POMPANO BEACH FL 33064  
US

Mailing Address  
15-24 132 ST  
COLLEGE POINT NY 11356-2440  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3886671

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLEISHMAN, STANLEY  
1470 COPANS ROAD  
POMPANO BEACH FL 33064

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 \$150.00**  
**After MAY 1, 2000 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 PD  
NAME FLEISHMAN, STANLEY  
STREET ADDRESS 1470 COPANS RD.  
CITY-ST-ZIP POMPANO BEACH FL 33064

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME KIRSCHNER, RICHARD G  
STREET ADDRESS 15-24 132ND STREET  
CITY-ST-ZIP FLUSHING NY 11356

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VASD  
NAME LEBOWITZ, MORRIS  
STREET ADDRESS 15-24 132ND STREET  
CITY-ST-ZIP FLUSHING NY 11350

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME RUBANENKO, SAMUEL B  
STREET ADDRESS 2300 W 57TH STREET  
CITY-ST-ZIP VERNON CA 90058

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CFO  
NAME EMMERT, BRIAN  
STREET ADDRESS 15-24 132ND ST.  
CITY-ST-ZIP COLLEGE PT. NY 11356

☐ Delete

TITLE  
NAME EMMERT, BRIAN  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

BRIAN EMMERT, CFO

Date

Daytime Phone #

1/10/00 (718) 762-8700

CR2E034 (9/99)