

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90035 037 \*\*\*150.00

**DOCUMENT # F97000006148**  
 1. Entity Name  
**SAM SELTZER'S STEAK HOUSES OF AMERICA, INC.**

Principal Place of Business Mailing Address  
**4744 N. DALE MABRY** **4744 N. DALE MABRY**  
**TAMPA FL 33614** **TAMPA FL 33614**

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 **59-3391125**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SELTZER, HAROLD J**  
**4744 N. DALE MABRY**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name **HOLLIDAY RONALD, ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**P. PER Rudnick, LLP**  
**101 E. KENNEDY BLVD, SUITE 2000**  
 City **Tampa** FL **33602-5149**

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]*  
 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, 2002 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

TITLE **CD** ☐ Delete  
 NAME **SELTZER, MICHAEL**  
 STREET ADDRESS **10101 COLLINS AVE PH 1F**  
 CITY-ST-ZIP **BAL HARBOR FL 33154-1648**

TITLE **PTD** ☐ Delete  
 NAME **SELTZER, HAROLD**  
 STREET ADDRESS **4805 CULBREATH ISLES RD.**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete  
 NAME **DUBROVSKY, FRED**  
 STREET ADDRESS **17 BELSIZE**  
 CITY-ST-ZIP **HAMPSTEAD, QUEBEC CANADA**

TITLE **D** ☐ Delete  
 NAME **BLOOM, HYMAN**  
 STREET ADDRESS **3495 AVE. DU MUSEE, APT. 102**  
 CITY-ST-ZIP **MONTREAL, QUEBEC CANADA**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition  
 NAME **SELTZER, HAROLD**  
 STREET ADDRESS **4806 CULBREATH ISLES WAY**  
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **DUBROVSKY, FRED**  
 STREET ADDRESS **17 BELSIZE**  
 CITY-ST-ZIP **HAMPSTEAD, QUEBEC CANADA**

TITLE **AS/D** ☒ Change ☐ Addition  
 NAME **Bloom, Hyman**  
 STREET ADDRESS **3495 AVE DU MUSEE APT 102**  
 CITY-ST-ZIP **MONTREAL QUEBEC CANADA**

TITLE ☒ Change ☐ Addition  
 NAME **DUBROVSKY RICHARD**  
 STREET ADDRESS **4770 KENT AVE SUITE 214**  
 CITY-ST-ZIP **MONTREAL QUEBEC CANADA**

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]* **Michael Seltzer** **04/19/02** **813-873-7267**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)