

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005963

1. Entity Name

PBSR RESTAURANT, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90045 035 \*\*\*150.00

Principal Place of Business

Mailing Address

181 OCEAN AVENUE  
PALM BEACH SHORES FL 33404

181 OCEAN AVENUE  
PALM BEACH SHORES FL 33404-5761

2. Principal Place of Business

1177 KANE CONCOURSE

3. Mailing Address

1177 KANE CONCOURSE

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

BAY HARBOR, FL

City & State

BAY HARBOR, FL

Zip

33154

Country

DADE

Zip

33154

Country

DADE

4. FEI Number

41-1920625

Applied For

Not Applicable

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

GOLDSTEIN, BRUCE M  
181 OCEAN AVENUE  
PALM BEACH SHORES FL 33404

Name Goldstein, Bruce M

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

1177 Kane Concourse

Suite 201

City BAY HARBOR

FL

Zip Code 33154

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

TITLE PCST  
NAME GOLDSTEIN, BRUCE M  
STREET ADDRESS 181 OCEAN AVENUE  
CITY-ST-ZIP PALM BEACH SHORES FL 33404 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCST  
NAME Goldstein, Bruce M  
STREET ADDRESS 1177 Kane Concourse Ste 201  
CITY-ST-ZIP BAY HARBOR, FL 33154 ☒ Change ☐ Addition

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

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

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

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

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

2-15-00 (305) 865-5760  
Date Daytime Phone #

CR2E034 (9/99)