

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90213 005 \*\*\*150.00

**DOCUMENT # G90572**

1. Entity Name  
**FOOD SPOT NO. 51, INC.**



Principal Place of Business  
**7901 LUDLAM ROAD  
SOUTH MIAMI FL 33143**

Mailing Address  
**7901 LUDLAM ROAD  
SOUTH MIAMI FL 33143**



2. Principal Place of Business

3. Mailing Address

**9990 SW 77 AVE**

**9990 SW 77 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**200**

**200**

City & State  
**SOUTH MIAMI, FL**

City & State  
**SOUTH MIAMI, FL**

Zip  
**33156**

Zip  
**33156**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2375122**

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

**BRUCE WILNER  
7901 LUDLAM ROAD  
SOUTH MIAMI FL 33143**

Name

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

**9990 SW 77 AVE**

**SUITE #200**

City

**SOUTH MIAMI FL**

Zip Code

**33156**

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
HARRIS, LARRY  
7901 LUDLAM ROAD  
SOUTH MIAMI FL 33143**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9990 SW 77 AVE SUITE #200  
SOUTH MIAMI, FL 33156**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
DEUTSCH, ELLIOT  
7901 LUDLAM ROAD  
SOUTH MIAMI FL 33143**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EXVP  
WILNER, BRUCE S.  
7901 LUDLAM ROAD  
SOUTH MIAMI FL 33143**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9990 SW 77 AVE SUITE #200  
SOUTH MIAMI, FL 33156**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Signature: Bruce Wilner 4/28/03 305 273 7784**

CR2E034 (10/02)