

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90102 001 \*\*\*550.00

DOCUMENT # H23068

1. Entity Name  
**WOLFIE'S RESTAURANT, INC.**

Principal Place of Business

Mailing Address

2038 COLLINS AVE.  
 MIAMI BEACH FL 33139

2038 COLLINS AVE.  
 MIAMI BEACH FL 33139

41349

2. Principal Place of Business

11900 Biscayne Blvd.

3. Mailing Address

11900 Biscayne Blvd.

Suite, Apt. #, etc.

Ste. 806

Suite, Apt. #, etc.

Ste. 806

City &amp; State

North Miami, FL

City &amp; State

North Miami, FL

Zip

33181

Country

U.S.A.

Zip

33181

Country

U.S.A.

4. FEI Number

59-2470020

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NEVEL, JOSEPH A  
 6767 COLLINS AV  
 SUITE 1704  
 MIAMI FL 33141

7. Name and Address of New Registered Agent

Name **DAVID H. NEVEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11900 Biscayne Blvd. (Ste. 806)**  
**North Miami**  
 City **FL** Zip Code **33181**

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

DAVID H. NEVEL

7/26/02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	C	<input checked="" type="checkbox"/> Delete
NAME	NEVEL, JOSEPH A	
STREET ADDRESS	2038 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEVEL, DAVID H.	
STREET ADDRESS	2038 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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(9)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/9/02 305  
 895-1289

CR2E034 (4/02)