## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # H23068  1. Entity Name WOLFIE'S RESTAURANT, INC.								FILED 03 JUL -8 AM 8: 39	
Principal Place of Business 11900 BISCAYNE BLVD STE 806 NORTH MIAMI FL 33181				Mailing Address 11900 BISCAYNE BLVD STE 806 NORTH MIAMI FL 33181				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business				3. Mailing Address				- K 1805-DII OLIA MARKA CHIIN BARMA ALIAN AUTOL TOLIN THANK ATALI ATALI ATALI ARAM ATALI 1907 -	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			$\neg \uparrow$	☐ CHECK HERE IF MAKING CHANGES	
City & State				City & State				4. FEI Number 59-2470020 Applied For Not Applicable	
Zip Country				Zip Count		ry		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address	of Current Re	gistered Agent		7. Name and Address of New Registered Agent			
						Name			
	AVID H		<del></del>		Street Address (P.O. Box Number is Not Acceptable)=				
	04STE 806								
NORTH MIAMI FL 33181					City	City FL Zip Code			
SIGNATURE . FI After Sep	the obligations of registered agent.  GNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  lake Check Payable to Florida Department of State  Added to Fees								
<u> </u>	- rayable (		<u> </u>						
10.		OFF.	CERS AND DI	RECTORS	11.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEVEL, D 2038 COL MIAMI BE	lins avenu	E	☐ Delete		ET ADDRESS ST-ZIP	119	VEL, David H. Achange Addition 200 Biscourse Blud. Suita 806 outh Miami, Fl 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	NAME STREE	1		Change Addition 500021465335 07/10/03-01084-036 **150.00	
TITLE NAME STREET ADDRESS*				☐ Delete	TITLE NAME STREE	T ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS				Delete	TITLE NAME	ST-ZIP	<u> </u>	☐ Change ☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				. Delete	TITLE NAME STREE	ST-ZIP T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE	<u>-</u>		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 sweet 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.									

H23068

## ATTORNEYS AT LAW

11900 Biscayne Boulevard Suite 806 North Miami, Florida 33181

David H. Nevel John Greenfield

Telephone: 305-895-1284 Toll Free: 1-866-529-8326 Facsimile: 305-895-1290

July 2, 2003

**Division of Corporations** Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Wolfie's Restaurant, Inc.

Dear Sir or Madam:

This corporation was formerly operated by my father, who acted as chairman of the board, and passed away last year.

This is the first notice that I have received that the 2003 Uniform Business Report-had not been filed. You will find enclosed the completed report and a check for \$150.00.

I would greatly appreciate your waving the late fee due to the above circumstances.

<del>ce</del>rely.

DAVID H. NEVEL

DHN/imd

Enclosure