

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K00687

1. Entity Name

GLG RESTAURANTS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90126 042 ***150.00

Principal Place of Business

Mailing Address

2424 N UNIVERSITY
200 E LAS OLAS BLVD., SUITE 1800
PEMBROKE PINES FL 33024
US

2424 N UNIVERSITY
200 E LAS OLAS BLVD., SUITE 1800
PEMBROOK PINES FL 33024-3616
US

2. Principal Place of Business

3. Mailing Address

2424 N UNIVERSITY

2424 N. UNIVERSITY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

US

Zip

33024

Country

USA

4. FEI Number

65-0011960

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

CANGELOSI, KAREN
11620 NW 42 ST
SUITE 1800
SUNRISE FL 33323

Name

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

1282 NW 143 AVE

City

Pembroke Pines

FL

Zip Code

33024

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SP ☐ Delete
NAME CANGELOSI, ORAZIO
STREET ADDRESS 11620 NW 42 STR
CITY-ST-ZIP SUNRISE FL

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

TITLE V ☐ Delete
NAME CANGELOSI, KAREN
STREET ADDRESS 11620 NW 42 STR
CITY-ST-ZIP SUNRISE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2000

Date

954 432-7001

Daytime Phone #

CR2E034 (9/99)