

05-21-2002 91168 047 ***150.00

DOCUMENT # K86521 ✓
1. Entity Name:
Jimbo's Pub + Grill, Inc

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| 2. Principal Place of Business 1816 N. Dixie Highway Suite, Apt. #, etc. | 3. Mailing Address 1816 N. Dixie Highway Suite, Apt. #, etc. |
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|-------------------------------|-----------------|-------------------------------|-----------------|
| City & State Hollywood, FL | | City & State Hollywood, FL | |
| Zip 33020 | Country Dade | Zip 33020 | Country Dade |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name Kim Riedy
Street Address (P.O. Box Number is Not Acceptable)
1816 N. Dixie Highway
City Hollywood FL Zip Code 33020

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____, DATE: _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | President |
| NAME | Kim Riedy |
| STREET ADDRESS | 1816 N. Dixie Highway |
| CITY, ST, ZIP | Hollywood, FL 33020 |

| | |
|----------------|-----------------------|
| TITLE | V-P |
| NAME | Sal Daher |
| STREET ADDRESS | 1816 N. Dixie Highway |
| CITY, ST, ZIP | Holly Wood FL 33020 |

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kim M. Riedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 954-923-2010

CR2E034B (12/01)