

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90087 039 ***150.00

0496338

DOCUMENT # K99466

1. Entity Name
MIAMI RESTAURANT SUPPLIES, INC.

Principal Place of Business
~~* ROBERT M. MCCLASKEY JR~~
917 N. MIAMI AVE
MIAMI FL 33136

Mailing Address
~~* ROBERT M. MCCLASKEY JR~~
917 N. MIAMI AVE
MIAMI FL 33136

2. Principal Place of Business **917 N. MIAMI AVE**
 3. Mailing Address **SAME**
 Suite, Apt. #, etc.

City & State **Miami, FL**
 Zip **33136** Country **USA**

City & State
 Zip Country

4. FEI Number **65-0176157**
 Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, FRED W
917 NO. MIAMI AVENUE
MIAMI FL 33136

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	RUBIN, FRED	
STREET ADDRESS	917 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HALPERN, ELIZABETH	
STREET ADDRESS	917 N. MIAMI AVE	
CITY-ST-ZIP	MIAMI 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
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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(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 terms empowered.

SIGNATURE: **X Fred W. Rubin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-01
 Date Daytime Phone #

CR2E034 (10/00)