

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009190

1. Entity Name

FULL PLATE HOSPITALITY MANAGEMENT SERVICES, L.L.

Principal Place of Business

808 S. HOWARD AVENUE  
TAMPA FL 33609

Mailing Address

808 S. HOWARD AVENUE  
TAMPA FL 33609

2. Principal Place of Business

1215 W. Brandon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1215 W. Brandon Blvd.

Suite, Apt. #, etc.

City & State  
Brandon, Florida

Zip  
33511

Country  
USA

City & State  
Brandon, Florida

Zip  
33511

Country  
USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALDEN, MICHAEL H ESQ.  
300 FIRST AVE., NORTH  
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

500004035705--0  
-04/20/01--01077--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME PALUZZI, PAUL  
STREET ADDRESS 808 S. HOWARD AVENUE  
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Paul A. Paluzzi  
STREET ADDRESS 9415 Blind Pass Road, Suite 204  
CITY-ST-ZIP St. Pete Beach, FL 33706 ☒ Change ☐ Addition

TITLE MGRM  
NAME Thomas McHale  
STREET ADDRESS 16001 Langhorne Court  
CITY-ST-ZIP Tampa, FL 33647 ☐ Change ☒ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Paul A. Paluzzi 3/28/01

(813) 655-0027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

5/13/01

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE