

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90015 039 \*\*\*\*50.00

**DOCUMENT # L00000009190**

1. Entity Name

**FULL PLATE HOSPITALITY MANAGEMENT SERVICES, L.L.C.**

Principal Place of Business

1215 W. BRANDON BLVD.  
 BRANDON FL 33511

Mailing Address

1215 W. BRANDON BLVD.  
 BRANDON FL 33511

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O Paul Paluzzi

Suite, Apt. #, etc.

9415 Blind Pass Rd. #204

City & State

St. Pete Beach, FL

Zip

33706

Country

U.S.A.

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

**Alden, Michael H. Esq.**

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

**847 San Carlos Avenue NE**

City

**St. Petersburg**

**FL**

Zip Code

**33702**

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 Michael H. Alden, Esq.

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

*Michael H. Alden*

April 16, 2002

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **PALUZZI, PAUL**  
 STREET ADDRESS **9415 BLIND PASS ROAD, SUITE 204**  
 CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **MGRM** ☐ Delete  
 NAME **MCHALE, THOMAS**  
 STREET ADDRESS **16001 LANGHORNE COURT**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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**

**April 16, 2002 727 367 1392**

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

Date

Daytime Phone #

CR2E083 (9/01)