## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # L29615 1. Entity Name 1601 RESTAURANT, INC. 03-19-2001 90075 040 \*\*\*150.00 Mailing Address Principal Place of Business 1601 EAST ATLANTIC BOULEVARD 1601 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 **NAAMAATA** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0166921 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namē GENTILE, JOHN Street Address (P.O. Box Number is Not Acceptable) 1601 EAST ATLANTIC BLVD. POMPANO BEACH FL 33060 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Change ☐ Addition ☐ Delete TITLE TITLE GENTILE, JOHN NAME NAME 5130 N.W. 51ST AVE. STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE SILVERMAN, MICHELE NAME NAME 28 THUNDER RD STREET ADDRESS STREET ADDRESS HOLBROOK NY 11741 CITY-ST-7IP CITY-ST-ZIP - Change -- - Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITI F ☐ Delete TIT) F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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