

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L37693**

1. Entity Name
ISLAND RESTAURANTS, INC.

Principal Place of Business
**2710 N ROOSEVELT BLVD
KEY WEST FL 33040**

Mailing Address
**8925 SW 148 ST #218
MIAMI FL 33176
US**

2. Principal Place of Business

3. Mailing Address

3326 Mary St.

Suite, Apt. #, etc.

302

City & State

City & State

Coconut Grove, FL

Zip

Country

Zip

33133-1900

Country

USA

4. FEI Number

59-2990259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD INC
201 ALHAMBRA CIR
STE 1102
CORAL GABLES FL 33134**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LEWIS, THOMAS E.
8925 SW 148 ST #218
MIAMI FL 33176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3326 Mary St., Ste. 302
Coconut Grove, FL 33133-1900** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SPOTTSMOOD, WILLIAM
500 FLEMING ST
KEY WEST FL 33040** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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 the 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 REQUIRED

Thomas E. Lewis 8/2/01 305-448-4124

Date

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90029 027 ***550.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)