

FILED
May 28, 2002 8:00 am
Secretary of State

05-02-2002 90055 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

30454

DOCUMENT # L440073

1. Entity Name O.B. CONCESSIONS, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
17085 Pines Blvd

3. Mailing Address

2705 LAKE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pembroke Pines

City & State

City & State

FL

COOPER CITY, FL

Zip

Country

Zip

Country

33029

33026

4. FEI Number

65-0170828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY JACOBS

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

2705 LAKE WAY

City

COOPER

FL

Zip Code

33026

DO NOT WRITE
IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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

TITLE	<u>GARY JACOBS, PRES.</u>
NAME	<u>2705 LAKE WAY</u>
STREET ADDRESS	<u>COOPER CITY, FL. 33026</u>
CITY - ST - ZIP	
TITLE	<u>ROBERT NAGEL SECRETARY</u>
NAME	<u>55 MAIN ST</u>
STREET ADDRESS	<u>FRAMINGHAM, MA. 01701</u>
CITY - ST - ZIP	
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

GARY JACOBS GARY JACOBS 04.18.02 954.927.202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #