2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48183 1. Entity Name

SIGNATURE AND

PATIO RESTAURANT, INC.

FILED May 23, 2000 8:00 am Secretary of State

05-23-2000 90204 050 ***150.00

Principal Place	of Business	Mailing Address								
2318 N DIXIE HWY LAKE WORTH FL 33460-6255		2318 N DIXIE HWY LAKE WORTH FL 33460-6255					Ž.			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS S	PACE		
City & State		City & State		4. F	FEI Number 65-0183227			 -	Applied For Not Applicable	
Zıp	Country	Zip	Country.	5. 0	Certificate o	f Status Desired		8:75 Add	littonal -	-
	6. Name and Address of Current F	egistered Agent		7. N	lame and A	ddress of New Reg	jistered A	gent		
2318	STOLOPOULOS, NICHOLAS N DIXIE HWY WORTH FL 33405		Street Ad	dress (P.O. Bo	ox Number	is Not Acceptable)				
O ii ic			City				FL	Zip Code	<u> </u>	
SIGNATURE	named callity submits this statement for	A A	registered office or registered Agent signature	rplopor	20	in the State of Florid	da.			
	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)		!!! FEE IS \$150.00 00 Fee will be \$55 le to Department	0.00	,	tion Campaign Finar t Fund Contribution.	ncing		May Be I to Fees	į
11.	OFFICERS AND D		12,	AD	DITIONS/C	HANGES TO OFFIC	ERS AND			-
NAME STREET ADDRESS CITY-ST-ZIP	PD APOSTOLOPOULOS, WILLIAM 2318 N DIXIE HWY LAKE WORTH FL	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	4 91 12 7 , 12
TITLE NAME STREET ADDRESS	VD APOSTOLOPOULOS, NICHOLAS 2318 N DIXIE HWY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD APOSTOLOPOULOS, MARY 2318 N DIXIE HWY LAKE WORTH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAKE WORLH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	!	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	,
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	į
indicated of the corr	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trisstee empor or on an attachment with an address w	true and accurate and that r wered to execute this report ith all other like empowered	ny signature shall ha as required by Chap	ve the same i ter 607, Florid	legal effect da Statutes	, Florida Statutes. I fi as if made under oa and that my name a	in; inai i a appears in	ify that the in m an officer Block 11 or	nformation or director Block 12 if S6\ S8794	