2001 UNIFORM BUSINESS REPORT (UBR)

4/16/

FILED
May 22, 2001 8:00 am
Secretary of State

04-16-2001 90476 010 ***150.00

DOCUMENT # L99319

1. Entity Name

CONEY ISLAND HOT DOGS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
333 ROUTE 46 WEST FAIRFIELD NJ 07004	333 ROUTE 46 WEST FAIRFIELD NJ 07004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 22-3064911 ☐ 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
POWERS, OLIVER 14635 VIA TIVOLI CT DAVIE FL 33325	Name: Frank Bonanno Street Address (P.O. Box Number is Not Acceptable): 529 Pelican Way - Pelican Harbor City: Delray Beach FL Zip Code 33483

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] FRANK R. BONANNO — DATE 1-9-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After MAY 1, 2001 Fee will be $550.00
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: C NAME: BONANNO, FRANK R. STREET ADDRESS: 333 RT 46 WEST CITY-ST-ZIP: FAIRFIELD NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: P NAME: BONOMO, VINCENT A. STREET ADDRESS: 333 RT 46 WEST CITY-ST-ZIP: FAIRFIELD NJ	☐ 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
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CR2E034 (10/00)

3. 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] — 5-1-01 — 973-882-0340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #