

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90091 040 ***150.00

DOCUMENT # M62498

1. Entity Name
BIMINI GRILL CORP.

| | |
|--|---|
| Principal Place of Business 620 NORTHEAST 78 STREET MIAMI FL 33138 | Mailing Address 620 NORTHEAST 78 STREET MIAMI FL 33138-4702 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | |
|------------------------------------|---|--|
| 4. FEI Number 65-0013603 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

| | | | | | |
|-----|---------|-----|---------|---|---------------------------------------|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----|---------|-----|---------|---|---------------------------------------|

6. Name and Address of Current Registered Agent

PINTER, FRANK
620 NE 78TH ST.
MIAMI FL 33138

7. Name and Address of New Registered Agent

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 _____ (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) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PINTER, FRANK 620 NE 78 ST MIAMI FL | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Date _____ Daytime Phone # _____

CR2E034 (9/99)