

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90339 016 ***150.00

DOCUMENT # *M 82411*

1. Entity Name

BASIL'S FLAME BROILED CHICKEN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5601 MANATEE AVE W

Suite, Apt. #, etc.

3. Mailing Address

5601 MANATEE AVE W.

Suite, Apt. #, etc.

B0053735

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

65-0051238

Applied For

Not Applicable

Zip

34209

Country

US

Zip

34209

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NICHOLAS G. MALLIARAS

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

5601 MANATEE AVE. W.

City

BRADENTON

FL

Zip Code

34209

**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 *X*

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 \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

*DPT
MALLIARAS, NICHOLAS G
5601 MANATEE AVE. W.
BRADENTON FL 34209*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*DS
MALLIARAS, STAUROS G.
5601 MANATEE AVE W.
BRADENTON FL 34209*

TITLE
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IN THIS SPACE**

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 3-12-02 X

CR2E034B (12/01)