

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90213 010 ***150.00

DOCUMENT # M83192

1. Entity Name
FOOD SPOT NO. 61 INCORPORATED



Principal Place of Business
**7901 S.W. 67TH AVE.
SUITE 100
SOUTH MIAMI FL 33143**

Mailing Address
**7901 S.W. 67TH AVE.
SUITE 100
SOUTH MIAMI FL 33143**



2. Principal Place of Business

3. Mailing Address

9990 SW 77 AVE

200

SOUTH MIAMI, FL

33156

Country

33156

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0057474**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILNER, BRUCE
7901 S.W. 67TH AVE.
SUITE 100
SOUTH MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name

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

**9990 SW 77 AVE
SUITE #200**

City

SOUTH MIAMI, FL

Zip Code

33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	EXVP	<input type="checkbox"/> Delete
NAME	WILNER, BRUCE S.	
STREET ADDRESS	7901 SW 67 AVE., #100	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARRIS, LARRY J.	
STREET ADDRESS	7901 SW 67 AVE., #100	
CITY-ST-ZIP	SOUTH MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEUTSCH, ELLIOT	
STREET ADDRESS	7901 SW 67 AVE., #100	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9990 SW 77 AVE SUITE #200	
CITY-ST-ZIP	SOUTH MIAMI, FL 33156	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9990 SW 77 AVE SUITE #200	
CITY-ST-ZIP	SOUTH MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03 305 273 7794

CR2E034 (10/02)