

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005650

1. Entity Name

PALM BEACH RESTAURANT ASSOCIATES, INC.

Principal Place of Business

Mailing Address

505 S. FLAGLER DR.
STE. 900
W. PALM BCH. FL 33401

505 S. FLAGLER DR.
STE. 900
W. PALM BCH. FL 33401

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 65-0536571

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

COHEN, LOUIS M
505 S. FLAGLER DR.
STE. 900
W. PALM BCH. FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME DP
STREET ADDRESS GOLDNER, NORBERT
CITY-ST-ZIP 331 S. COUNTY RD.
PALM BEACH FL 33480

TITLE ☐ Delete

NAME DVST
STREET ADDRESS STROUPAS, NICK
CITY-ST-ZIP 101 N. COUNTY RD.
PALM BEACH FL 33480

TITLE ☐ Delete

NAME D
STREET ADDRESS LEVERRIER, JEAN P
CITY-ST-ZIP 132 N COUNTY RD
PALM BEACH FL 33480

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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 like empowered.

SIGNATURE

SIGNATURE REQUIRED

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90162 013 ****61.25



DO NOT WRITE IN THIS SPACE

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