

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

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90201 035 \*\*\*150.00

DOCUMENT # P00000004849

1. Entity Name

FISH BOWL GRILLE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

36 YACHT CLUB DRIVE

Suite, Apt. #, etc.

607

City & State

NORTH PALM BEACH FL

Zip

33408

Country

USA

3. Mailing Address

36 YACHT CLUB DRIVE

Suite, Apt. #, etc.

607

City & State

NORTH PALM BEACH FL

Zip

33408

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0971225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
**ROBERTO ARCUCCI**

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

36 YACHT CLUB DRIVE #607

City

NORTH PALM BEACH

FL

Zip Code

33408

**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

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  
PSTD  
ROBERTO ARCUCCI  
36 YACHT CLUB DRIVE #607  
NORTH PALM BEACH FL 33408

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: *R. Arcucci*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

Daytime Phone #

CR2E034B (12/01)