

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020321

1. Entity Name

RRK Restaurant INC.



FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90016 041 \*\*\*150.00

Principal Place of Business

Mailing Address

525 South Federal Hwy.  
Deerfield Beach, FL 33441

8202 GLADES Rd  
Boca Raton, FL  
33434

A0042960

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

65-0988909

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mopsick, Michael D.  
7777 GLADES Rd. Suite 200  
Boca Raton, FL 33434

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PIROZZI, ROBERT  
STREET ADDRESS 525 S. Federal Hwy  
CITY-ST-ZIP Deerfield Beach, FL 33441



TITLE STD  
NAME POLLACK, RANDI  
STREET ADDRESS 525 S. Federal Hwy  
CITY-ST-ZIP Deerfield Beach, FL 33441



TITLE VD  
NAME PECHTER, KARL  
STREET ADDRESS 525 S. Federal Hwy  
CITY-ST-ZIP Deerfield Beach, FL 33441



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



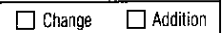
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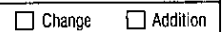
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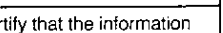
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CITY-ST-ZIP



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:

Randi Fiore STD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01  
Date

561-488-0233  
Daytime Phone #

CR2E034 (11/00)