

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90146 002 \*\*\*150.00

DOCUMENT # P00060030350

1. Entity Name

Lefty's Wings + Raw Bar II, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1034 SE Pt St Lucie Blvd Same

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pt. St. Lucie FL

City & State

Zip

Country

34952

Country

4. FEI Number

65-1001971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

M. Moe, Christopher

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

2160 S University Dr.

City

Davie

FL

Zip Code

33325

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

**OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. M. Moe, Christopher 2160 S. University Davie FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Curry, Thomas 1034 SE Port Saint Lucie Blvd Port Saint Lucie FL 34952-5300
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CR2E034B (12/01)

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: Thomas Curry Vice-President 4/23/02 T72-337-3012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #