04-05-2001 90079 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000049033 1. Entity Name

CASTLE BURGER AT OAKLAND PARK, INC.

Principal Place of Business

Mailing Address

4873 NORTHWEST 66TH AVENUE LAUDERHILL FL 33319

Zip

SIGNATURE

4873 NORTHWEST 66TH AVENUE

LAUDERHILL FL 33319

2. Principal Place of Business	3. Mailing Address	_
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
	1	k

DO NOT WRITE IN THIS SPACE

Country Country

65-1017973 \$8.75 Additional 5. Certificate of Status Desired

Applied For Not Applicable

6. Name and Address of Current Registered Agent

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

WEINBERG, STEVEN A ESQ. 7805 SOUTHWEST 6TH COURT **PLANTATION FL 33324**

7.	Name and	Address	of New	Registered	Agent

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

(NOTE: Registered Agent signature required when reinstating)

Name

Zip Code FI

DATE

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change Addition BALESTRIERI, HARRY 839 NW 91 ST. TER. BENRUBI, NEIL NAME STREET ADDRESS 4873 NORTHWEST 66TH AVENUE STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP PLANTATION, FL. 33324 TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change Addition

13. I hereby certify that the information supplied with this filling 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 the empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR