FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000064603 1. Entity Name COHO GRILL, INC. 04-17-2001 90075 045 ***150.00 Principal Place of Business Mailing Address 2295 CORPORATE BLVD., N.W., SUITE 140 2295 CORPORATE BLVD., N.W., SUITE 140 BOCA RATON FL 33431 **BOCA RATON FL 33431** 3, Mailing Address 6877 SW18¹⁴ Street Principal Place of Business 68775W 18 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 300 Raten Not Applicable Country 45A Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINDERMAN, HARRY ESQ. Street Address (P.O. Box Number is Not Acceptable) 2295 CORPORATE BLVD., N.W., SUITE 140 **BOCA RATON FL 33431** Zip Code City Fl 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition TITLE Serhad Oktay 21658 Marisot Dr. NAME NAME STREET ADDRESS STREET ADDRESS Boca Ruton, FZ 33428 CITY-ST-ZIP CITY-ST-ZIP Vice President ☐ Change ☐ Addition Delete TITLE TITLE Osman Tatari NAME NAME 122-27 Kenton Way STREET ADDRESS STREET ADDRESS Boca Raton FL 33428 CITY-ST-ZIP CITY-ST-ZIP Chairmon, Secretary, Treasurer ☐ Change ☐ Addition TITLE TITLE hmed Gawad ! NAME NAME STREET ADDRESS 5555 NW41 STREET ADDRESS FL 33073 CITY-ST-ZIP CITY-ST-ZIP Coconut Creek Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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SIGNATURE AND TYPED OR PRINTED FAME OF SIGNING OFFICER OR DIRECTOR