

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90660 016 ***150.00

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DOCUMENT # P00000067952

1. Entity Name

SNJ RESTAURANTS, INC.

Principal Place of Business

1690 TAMiami TRAIL
 PORT CHARLOTTE FL 33948
 US

Mailing Address

9494 FOREST HILLS CIR
 SARASOTA FL 34238

80063785



2. Principal Place of Business

3. Mailing Address

4843 LAKEVIEW PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

4. FEI Number

65-1016121

Applied For

Not Applicable

Zip

Country

34243

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALLE, MIGUEL
 9494 FOREST HILLS CIR
 SARASOTA FL 34238

Name
SAME

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

4843 LAKEVIEW PLACE

City SARASOTA

FL

Zip Code 34243

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

MIGUEL A. VALLE, PRESIDENT

4/11/02

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, 2002 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 ☐ Delete
 NAME VALLE, MIGUEL
 STREET ADDRESS 9494 FOREST HILLS CIR
 CITY-ST-ZIP SARASOTA FL 34238

TITLE PD ☒ Change ☐ Addition
 NAME VALLE, MIGUEL
 STREET ADDRESS 4843 LAKEVIEW PLACE
 CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

MIGUEL VALLE, PRES. 4/11/02 941-624-0204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)