

5/2/01

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90111 027 \*\*\*150.00

DOCUMENT # P00000091298

1. Entity Name

REAL GRILL, INC.

Principal Place of Business

Mailing Address

11449 TANGERINE RD.  
ROYAL PALM BCH FL 3341211449 TANGERINE RD.  
ROYAL PALM BCH FL 33412

2. Principal Place of Business

3. Mailing Address

11449 Tangerine Blvd  
Suite, Apt. #, etc.Same  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

West Palm Beach FL

Same

Zip

Country

Zip

Country

33412

PALM BEACH

Same

PALM BEACH

4. FEL Number

65-1042001

Applied For

Not Applicable

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

 HOLMES, GARY  
 11449 TANGERINE RD.  
 ROYAL PALM BCH FL 33412

 Name: GARY Holmes  
 Street Address (P.O. Box Number is Not Acceptable)  
 11449 Tangerine Blvd  
 City: West Palm Beach FL Zip Code: 33412

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	GARY Holmes - Pres.	<input type="checkbox"/> Delete
NAME	11449 Tangerine Blvd	
STREET ADDRESS	West Palm Beach, FL 33412	
CITY-ST-ZIP		
TITLE	Diane Holmes - Vice Pres.	<input type="checkbox"/> Delete
NAME	11449 Tangerine Blvd.	
STREET ADDRESS	West Palm Beach, FL 33412	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01

561-793-1174

CR2034 (10/00)