. 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000091298

1. Entity Name

REAL GRILL, INC.

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FILED May 19, 2003 8:00 am Secretary of State

05-19-2003 90220 009 ***150.00

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|--|--------------------------------|---|---|----------------------|------------------------|--------------------------------|-------------|--|---------------------------------|--|-----------------|---------------|
| Principal Place of Business 11449 TANGERINE RD. ROYAL PALM BCH FL 33412 | | | Mailing Address 11449 TANGERINE RD. ROYAL PALM BCH FL 33412 | | | | | | | | | |
| 2. Principal P | Place of Busin | ness | 3. Ma | , Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State | e · | City & State | | | | 4. FEI Number 65-7047001 | | | <u> </u> | oplied For | | |
| Zip | | Country | Zip | Zip Country | | | | 5. Certificate of Status Desired See Required Fee Required | | | | |
| | 6. Name | and Address of Current | Register | ed Agent | | T - | | 7. N | Name and Address of New | Registered A | aent | |
| | ~ | | Sine Floridos of Horizon Algorit | | | | | | | | | |
| HOLMES, | | _ | | | | Name Street Ac | dress (F | P.O. B | ox Number is Not Acceptab | le) | | |
| | ngerine r Alm BCH Fi | | | | | | | | | | - | |
| | | | | | | | | | | FL | Zip Cod | |
| 8. The above the obligati | named entity ions of regist | y submits this statement for ered agent. | r the purp | oose of changing its | registere | ed office or | registere | ed age | ent, or both, in the State of F | lorida. I am f | amiliar with, | and accept |
| SIGNATURE . | Signature, typed | or printed name of registered agent a | and title if app | plicable. (NOTE | E: Registera | nd Agent signatur | re required | when rei | instating) | DATE | | - |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May English Trust Fund Contribution. | | | | | | | | | | | | |
| . 10. | <u>-</u> | OFFICERS AND | DIRECTO | 188 | 11, | | | | L DITIONS/CHANGES TO OF | SICEDS AND | DIDECTOR | S INI 11 |
| TITLE: NAME | P HOLMES, | GARY | <u> </u> | Delete | TITU | iE | | | BIT OTTO TAKE TO OF | TIOCHO AIVE | ☐ Change | Addition |
| . STREET ADDRESS CITY _e ST-ZIP | | IGERINE BLVD IM BEACH FL 33412 | | | | EET ADDRESS '-ST-ZIP | | | | <u>. </u> | | |
| TITLE NAME | VP HOLMES, | | | ☐ Delete | TITLE NAM | IE . | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | IGERINE BLVD M BEACH FL 33412 | | | | ET ADDRESS '-ST-ZIP | | | | | | |
| NAME STREET ADDRESS | | | | Delete - | , TITLE NAM STRE | 1 | | | ين ۾ يو ورده هندي د | | Change | Addition |
| CITY-ST-ZIP | | | | ☐ Delete | CITY | -ST-ZIP | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | • | | | L3 Delete | NAM | 1 | | | | | Change | |
| CITY-ST-ZIP | - <u></u> | | | | | -ST-ZIP | | | | *** | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS | | | | ☐ Delete | TITLE NAMI STRE | 1 | | . – | | | ☐ Change | Addition |
| CITY-ST-ZIP | ertify that the | information supplied with | this filing | does not qualify for | JI | -ST-ZIP | ad in Sec | | 110 07(3)(i) Florida Statutos | 1 further cert | ify that the in | oformation |

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SEGNATURE AND TYPES OR PRINTEN NAME OF STONING OFFICER OR DIRECTOR

5-14-03

793-174

Daytime Phone #