

2001 UNIFORM BUSINESS REPORT (UBR)

02-05-2002 90155 011 900.00

P00000108772

SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 22 PM 4:00

DOCUMENT # P00000108772

1. Entity Name
AFFORDABLE RESTAURANT EQUIPMENTS, INC.

Principal Place of Business
5003 MELLON COURT
WINDERMERE FL 32786

Mailing Address
5003 MELLON COURT
WINDERMERE FL 32786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3682125

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

SHEEN, THOMAS
5003 MELLON COURT
WINDERMERE FL 32786

Name

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

City

FL

Zip Code

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 use if applicable.

(NOTE: Registered Agent signature required when registering)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	SHEEN, THOMAS	
STREET ADDRESS	5003 MELLON COURT	
CITY - ST - ZIP	WINDERMERE FL 32786	
TITLE	VD	☐ Delete
NAME	SONG, DERSHYA	
STREET ADDRESS	5003 MELLON COURT	
CITY - ST - ZIP	WINDERMERE FL 32786	
TITLE	VP Operations	☐ Delete
NAME	George Engilis	
STREET ADDRESS	5744 E. Colonial Drive	
CITY - ST - ZIP	Orlando, FL 32807	
TITLE	VP Sales	☐ Delete
NAME	Wayne Robbins	
STREET ADDRESS	5744 E. Colonial Drive	
CITY - ST - ZIP	Orlando, FL 32807	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

01/02

CR2E034 (5/01)