8/26/2002-90056-009-$150.00-$150.00

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 18 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
42403

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000013563

1. Entity Name
S & R RESTAURANT CORP.

Principal Place of Business	Mailing Address
5745 S. UNIVERSITY DRIVE DAVIE FL 33328	5745 S. UNIVERSITY DRIVE DAVIE FL 33328

2. Principal Place of Business	3. Mailing Address
17085 PINES Blvd.	17085 Pines Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip / Country	Zip / Country

4. FEI Number: 65-1075819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UDELL, MICHAEL B ESQ.
5745 S. UNIVERSITY DRIVE
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name: Abelardo Remy
Street Address (P.O. Box Number is Not Acceptable): 6200 FALCONSGATE AVE.
City: DAVIE FL Zip Code 33331

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 x [signature] 4/30/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D REMY, ABELARDO 6200 FALCONS GATE AVENUE DAVIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800008547218 10/23/02--01003--021 **400.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REMY, ESPERANZA 6200 FALCONS GATE AVENUE DAVIE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: x [signature] Abelardo Remy 4/30/02 954-437-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JI 10/18/02