

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90258 002 \*\*\*150.00

**DOCUMENT # P01000036513**

1. Entity Name

**GRASS ROOTS RESTAURANT & COCKTAIL LOUNGE, INC.**

Principal Place of Business

1976 NORTH WEST 100TH WAY  
 PEMBROKE PINES FL 33024

Mailing Address

1976 NORTH WEST 100TH WAY  
 PEMBROKE PINES FL 33024

2. Principal Place of Business

1499 S. Congress Ave.

3. Mailing Address

1499 S. Congress Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach

4. FEI Number

65-1092860

Applied For

Not Applicable

Zip

33445

Country

Palm Beach

Zip

33445

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PITTER, CARL S

7447 NORTH WEST 57TH STREET  
 TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name

Sheron McBean

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

1499 S. Congress Ave.

Delray Beach

City

FL

Zip Code

33445

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, 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

TITLE **D** ☐ Delete  
 NAME **MCBEAN, SHERON A**  
 STREET ADDRESS **1976 NORTH WEST 100TH WAY**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete  
 NAME **THOMAS, DELROY M**  
 STREET ADDRESS **1976 NORTH WEST 100TH WAY**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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:

Sheron McBean

4/23/02 561-266-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)