

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90201 035 ***150.00

US35145 AV

DOCUMENT # P01000042196



1. Entity Name
SUPPERTIME RESTAURANTS, INC.

Principal Place of Business
2985 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308

Mailing Address
~~2985 N. OCEAN BLVD.~~
~~FORT LAUDERDALE FL 33308~~

CHANGE



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

SOUTH
1600 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

915

City & State

City & State

POMPANO BEACH FL

Zip

Country

Zip

Country

33062

4. FEI Number 65-1098853

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

BLACKE, LAWRENCE E
3326 N.E. 33RD STREET
FT. LAUDERDALE FL 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
STASI, DANIEL
2985 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL STASI 2-20-03

Date

Daytime Phone #

954-390-0191

CR2E034 (10/02)