2002 Uniform Business Report (UBR)

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ATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2002 8:00 am \(\frac{3}{8} \) P01000045264 **DOCUMENT # Secretary of State** 1. Entity Name HEALTHY BITES GRILL OF BOCA, INC. 03-14-2002 90025 015 ***150.00 Principal Place of Business Mailing Address 275 COMMERCIAL BLVD. 275 COMMERCIAL BLVD. SUITE 260 SUITE 260 LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SARTORI, BRUNO Street Address (P.O. Box Number is Not Acceptable) 275 COMMERCIAL BLVD. SUITE 260 LAUDERDALE BY THE SEA FL 33308 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) Delete TITLE ☐ Addition NAME SARTOI, BRUNO NAME STREET ADDRESS 275 COMMERCIAL BLVD. SUITE 260 STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition D'ALONZO, MARCO NAME NAME 275 COMMERCIAL BLVD # 260 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDEADALE BY the SEA FL. 33308 CITY-ST-ZIP TITLE PSD ☐ Delete TITLE ☐ Change ☐ Addition NAME * BAKER, DOVGUAS NAME 260 STREET ADDRESS 275 COMMERCIAL BLUD # STREET ADDRESS CITY-ST-ZIP AUDERDALE BY the SEA FL. 33308 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplied to supplie nental 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 of the receiver or trustee empowered at execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if