

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90235 001 \*\*\*150.00

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**DOCUMENT # P01000045264**

1. Entity Name  
**HEALTHY BITES GRILL OF BOCA, INC.**



Principal Place of Business  
**275 COMMERCIAL BLVD.  
SUITE 260  
LAUDERDALE BY THE SEA FL 33308**

Mailing Address  
**275 COMMERCIAL BLVD.  
SUITE 260  
LAUDERDALE BY THE SEA FL 33308**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2300 St. Andrews Blvd  
Suite, Apt. #, etc.**

3. Mailing Address  
**1761 W. Hillsboro Blvd  
Suite, Apt. #, etc.**

City & State  
**Boca Raton FL**  
Zip  
**33433**  
Country  
**USA**

City & State  
**Deerfield Bch FL**  
Zip  
**33442**  
Country  
**USA**

4. FEI Number **65-1108697**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SARTORI, BRUNO  
275 COMMERCIAL BLVD.  
SUITE 260  
LAUDERDALE BY THE SEA FL 33308**

7. Name and Address of New Registered Agent

Name  
**Marco D'Alonzo**  
Street Address (P.O. Box Number is Not Acceptable)  
**1761 W. Hillsboro Ave  
SUITE 203  
City Deerfield Bch FL Zip Code 33442**

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 **Marco D'Alonzo**  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
D'ALONZO, MARCO  
275 COMMERCIAL BLVD #260  
FORT LAUDERDALE FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
BAKER, DOUGLAS  
275 COMMERCIAL BLVD #260  
FORT LAUDERDALE FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D'Alonzo, Marco  
1761 W. Hillsboro Blvd S-203  
Deerfield Bch. FL 33442** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BAKER, DOUGLAS  
1761 W. Hillsboro Blvd S-203  
Deerfield Beach FL 33442** ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 all other like empowered.

SIGNATURE: **Marco D'Alonzo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/28/03**

DAYTIME PHONE # **954-570-5900**

CR2E034 (10/02)