

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-18-2002 90129 019 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061765

1. Entity Name

BLUE MARTINI TAMPA, INC.

Principal Place of Business

1901 W. CYPRESS CREEK ROAD
406

Mailing Address

1901 W. CYPRESS CREEK ROAD
406

FT. LAUDERDALE, FL 33309

FT. LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1115786

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

CHOSID, RICHARD G

1901 W. CYPRESS CREEK ROAD

406

FT. LAUDERDALE FL 33309

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 P.D. VASH, MARK E #406
 1901 W. Cypress Creek Rd.
 FT. LAUDERDALE, FL 33309

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 VASH, MARK E #406
 1901 W. Cypress Creek Rd.
 FT. LAUD, FL 33309

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 VASH, MARK E #406
 1901 W. Cypress Creek Rd.
 FT. LAUD, FL 33309

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 S.D. DAY, STEVEN #406
 1901 W. Cypress Creek Rd.
 FT. LAUD, FL 33309

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)