## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000062534

**DOCUMENT #** 

1. Entity Name

WESLEY'S RESTAURANT, INC.

Principal Place of Business

2027-A DIXIE HWY

POMPANO BEACH FL 33060

Mailing Address

2027-A DIXIE HWY

POMPANO REACH EL 33060

May 15, 2002 8:00 am § Secretary of State 05-15-2002 90095 030 \*\*\*158.75

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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 65-1116567 Applied For
Zip		Country	Zìp	Country	+	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name ar	nd Address of Current Re	gistered Agent			7. Name and Address of New Registered Agent
				Name		
	& UTRERA, P.	A. ————————————————————————————————————	e no mandata e e e e e e e e e e e e e e e e e e	Street	Address (D	P.O. Box Number is Not Acceptable)
	ria avenue			Suberi	Address (F.	o. Box Number is Not Acceptable)
CORAL G	ables FL 331	34			*	
The above named entity submits this statement for sta				City		FL Zip Code
	Signature, typed or p	rinted name of registered agent and	<del></del>	Registered Agent signa		when reinstating) OATE
9. This corporation is eligible to satisfy its Intangibl Tax filing requirement and elects to do so. (See criteria on back)		elects to do so.	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.	Incom:	OFFICERS AND DIF	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TELFER, WES 2027-A DIXIE POMPANO BI	SLEY HWY EACH FL 33060	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	MA	CEPRESIDENT Change Addition  AVIS M. TELFER  27 A-DIXIE HWY  APPANO BENEA, FL 33060
TITLE NAME STREET ADDRESS DITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TTLE IAME TREET ADORESS ITY-ST-ZIP	PP Diagrams of Laborat		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP		☐ Change ☐ Addition
ITLE Ame Treet address ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TLE AME TREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition