2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000062615

Name:

Address:

City-St-Zip:

BROTMAN, MARK K

443 RIVER ISLE CT.

LONGWOOD, FL 32779

Entity Name: BROTMAN RESTAURANTS, INC.

FILED May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
443 RIVEF LONGWO	RISLE CT. OD, FL 32779)			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
443 RIVEF LONGWO	RISLE CT. OD, FL 32779)			
FEI Number	: 59-3729244	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
WINTER F	e of Florida.	89 US	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATU		nic Signature of Registered Ager	nt	Date	
Election Car		o satisfy its Intangible Tax filing requ g Trust Fund Contribution ().	, ,	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (BROTMAN, RC 443 RIVER ISL LONGWOOD,	E CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BROTMAN, LE 443 RIVER ISL LONGWOOD,	E CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD BROTMAN D 05/01/2002