

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90256 021 ***150.00

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DOCUMENT # P01000062768

1. Entity Name

RIMA'S CHEESECAKE, INC.

Principal Place of Business

**1600 S OCEAN DR. #16E
HOLLYWOOD FL 33019**

Mailing Address

**1600 S OCEAN DR. #16E
HOLLYWOOD FL 33019**

2. Principal Place of Business

4713 NORTH CONGRESS AVE

Suite, Apt. #, etc.

3. Mailing Address

1200 VIA LUGANO CIRCLE

Suite, Apt. #, etc.

#303

City & State

BOYNTON BEACH, FL.

City & State

BOYNTON BEACH, FL.

Zip

33426

Country

USA

Zip

33436

Country

U.S.A.

4. FEI Number

65-1140145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, GERALD B

**1600 S OCEAN DR, #16E
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name **RIMA LORENZO**

Street Address (P.O. Box Number is Not Acceptable)

1200 VIA LUGANO CIRCLE #303

City

BOYNTON BEACH

FL

Zip Code

33436

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

Rima Lorenzo **RIMA LORENZO, PRESIDENT 2/15/02**

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 \$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. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLACK, LYNN 180 ROCK CREEK LN SCARSDALE NY 10583	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN, ANDREA 45 W 60 ST NEW YORK NY 10023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + REGISTERED AGENT RIMA LORENZO 1200 VIA LUGANO CIRCLE #303 BOYNTON BEACH, FL. 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 fee empowered.

SIGNATURE:

Rima Lorenzo **RIMA LORENZO, PRES. 2/15/02 (561) 737-6667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)