

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90015 025 ***150.00

DOCUMENT# **P01000075353** ✓

1. Entity Name

BBQ PALACE, INC.

DO NOT WRITE IN THIS SPACE

80093676

2. Principal Place of Business
12801 W. Sunrise Blvd.
Suite, Apt. #, etc.
215

3. Mailing Address
12801 W. Sunrise Blvd.
Suite, Apt. #, etc.
215

City & State
Sunrise FL

City & State
Sunrise FL

4. FEIN Number
65-1125315

Applied For
Not Applicable

Zip
33323

Country
USA

Zip
33323

Country
USA

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

7. Name and Address of Current Registered Agent

Name **Legal Information Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
1290 Weston Rd, Ste 300

City **Ft Lauderdale** FL Zip Code **33326**

**DO NOT WRITE
IN THIS SPACE**

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 **Ellen Riley for Legal Info Services, Inc.** **4/29/02**
Signature of person in the name of registered agent and if applicable. (NOTE: Registered Agent's signature required when not standing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **D, W, T, P**
STREET ADDRESS **Wandy Scriven**
CITY- ST- ZIP **12801 W. Sunrise Blvd., #215
Sunrise, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME **D, S, VP**
STREET ADDRESS **Juliet Taylor**
CITY- ST- ZIP **12801 W. Sunrise Blvd., #215
Sunrise, FL 33323**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Wandy B Scriven**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02
Date Daytime Phone

CR2E034B (12/01)