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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093301
1. Entity Name
Restaurant Management Solutions, Inc.



FILED
03 MAR 14 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
829 N. Palmetto Avenue
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Green Cove Springs, FL

City & State

Zip
32043

Country
USA

Zip

Country

4. FEI Number **59-3745407**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE **02-03**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Michael V. Bajalia**

Street Address (P.O. Box Number is Not Acceptable)
829 N. Palmetto Avenue

City **Green Cove Springs, FL** Zip Code **32043**

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 *Michael V. Bajalia* **Michael V. Bajalia, Registered Agent** **3/11/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$6.00
After May 1, Fee is \$50.00
Amended UBR is \$12.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Michael V. Bajalia 3624 Kapalua Ct, Grn Cove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Martina Bajalia 3624 Kapalua Ct, Grn Cove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like employed.

SIGNATURE: *Michael V. Bajalia* **Michael V. Bajalia, President** **3/11/03** **904-284-0414**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

2082

Restaurant Management Solutions, Inc.

829 N. Palmetto Avenue
Green Cove Springs, FL 32043
(904) 284-0414

March 11, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Annual Report

Dear Sir or Madam:

I recently discovered that Restaurant Management Solutions, Inc. had been administratively dissolved for failure to file the 2002 Annual Report. We never received the Annual Report package in the mail because my business address had changed and apparently it was not forwarded to my new address. I would appreciate your consideration in waiving the penalty fee. I have enclosed a completed Uniform Business Report and my check in the amount of \$308.75 for 2002 and 2003 as well as a Certificate of Status.

Please contact me if you have any questions or need further information.

Sincerely,



Michael V. Bajalia, President
Restaurant Management Solutions, Inc.

MVB/swc
Enclosures

cc: Gresham R. Stoneburner, Esq.