

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90013 006 ***150.00

DOCUMENT # P01000098858

1. Entity Name
BOARDWALK RESTAURANT & GRILL, INC.

Principal Place of Business

1400 N SURF RD
HOLLYWOOD FL 33019

Mailing Address

1400 N SURF RD
HOLLYWOOD FL 33019

903145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Boardwalk Grill Rest.
Suite, Apt. #, etc.
1400 N. Surf Rd.
City & State
Hollywood

3. Mailing Address

1400 N Surf Rd
Suite, Apt. #, etc.
1
City & State
Holly FL - 33019

4. FEI Number

65-1150043

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRAMANZINI, ANGELO
11700 NW 11 STREET
PLANTATION FL 33323

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	DP	<input type="checkbox"/> Delete
NAME	GRAMANZINI, ANGELO	
STREET ADDRESS	11700 NW 11 STREET	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRAMANZINI, LUISA	
STREET ADDRESS	11700 NW 11 STREET	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRAMANZINI, MONICA	
STREET ADDRESS	11700 NW 11 STREET	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRAMANZINI, TANIA	
STREET ADDRESS	11700 NW 11 STREET	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)