

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90650 037 ***150.00

DOCUMENT # P01000108882

1. Entity Name

BARRA GRILL ENTERPRISES, INC.

Principal Place of Business

**11228 NW 12TH COURT
 CORAL SPRINGS FL 33071**

Mailing Address

**11228 NW 12TH COURT
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

P O BOX 546035

3. Mailing Address

P O BOX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSIDE, FL

City & State

Zip

33154

Country

US

Zip

33154

Country

US

4. FEI Number

75-3001774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACHS, JOSEPH D CPA

3107 STIRLING ROAD

SUITE 201

FT. LAUDERDALE FL 33312

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ASSAYAG, JOSE I**
 STREET ADDRESS **11228 NW 12TH COURT**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **GROSSMAN, MARCUS**
 STREET ADDRESS **7739 SOUTHAMPTON TERRACE, BLDG. G-412**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE I ASSAYAG

4/25/02 (954) 610-3044

Date

Daytime Phone #

CR2E034 (9/01)