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Davtime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE:

Jun 05, 2002 8:00 am DOCUMENT # P01000110626 Secretary of State 1. Entity Name 06-05-2002 90416 009 ***550.00 B&D RESTAURANT HOLDINGS, INC. Mailing Address Principal Place of Business HUAMES. 22047 ALTONA DRIVE 22047 ALTONA DRIVE **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Mailing Address CVO. 1600 S. HILL BORD BLUD. 2. Principal Place of Business HIIISBORO 1600 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 65-115 4449 JODEN 4550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAM BLAT Street Address (P.O. Box Number is Not Acceptable) WALDEN & NORCIO, CPA'S, P.A. 1489 W. PALMETTO PARK ROAD 400 **BOCA RATON FL 33486** 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.) ILLIAM SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria ori back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DILECTOR Change Addition TITLE □ Delete TITLE WILLIAM BLATT NAME NAME 001 NE 26 ST STREET ADDRESS STREET ADDRESS LAUSERIALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP DRECTOR - Change ☐ Delete TITLE TITLE NAME NAME 1001NE 26 STREET ADDRESS STREET ADDRESS LANGEMIE CITY-ST-ZIP CITY-ST-ZIP ESIDEDICHARDS 20CE RICHARDS 2047 ALTUNA DRIVE TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS BOCA RATUN FZ 33428 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE E. HULLOW & HILLSBORD BLUD NAME NAME STREET ADDRESS STREET ADDRESS SORFIELD REACH PL 38441 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR