

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90952 025 ***150.00

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1. Entity Name

A.D.I. RESTAURANTS, INC.



Principal Place of Business
100 KINGS POINT DR #1216
NORTH MIAMI BEACH FL 33160

Mailing Address
18041 BISCAYNE BLVD
701-4S
AVENTURA FL 33160
US



Principal Place of Business
7100 Biscayne Blvd
Suite, Apt. #, etc.

3. Mailing Address
7100 Biscayne Blvd
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami F

City & State
Miami FL

4. FEI Number 03-0374013

Applied For
Not Applicable

Zip 33138 Country

Zip 33138 Country

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

GONULKIRMAZ, ASHLIE E
100 KINGS POINT DR #1216
NORTH MIAMI BEACH FL 33160

- new address Home.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ashlie Gonulkirmaz* President 4/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME GONULKIRMAZ, ASHLIE E
STREET ADDRESS 18041 BISCAYNE BLVD 701-4
CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

TITLE President
NAME Ashlie Gonulkirmaz
STREET ADDRESS 18041 Biscayne Blvd 701-4S
CITY-ST-ZIP Aventura FL 33160 ☒ Change ☐ Addition

TITLE VPT
NAME GONULKIRMAZ, MERIH I
STREET ADDRESS 18041 BISCAYNE BLVD 701-4
CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete

TITLE Vice President
NAME Merih I Gonulkirmaz
STREET ADDRESS 18041 Biscayne Blvd 701-4S
CITY-ST-ZIP Aventura FL 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Treasurer
NAME JASON INGRASSIA
STREET ADDRESS 2525 Pierce St
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Secretary
NAME TRACEY INGRASSIA
STREET ADDRESS 2525 Pierce St
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

2 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ashlie Gonulkirmaz* 4/13/03 305 756 7100
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)