

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000057156

1. Entity Name
Lewis and CLARK'S Eatery + Saloon, INC.

FILED

03 MAR 11 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000014092180
03/14/03--01068--001 **450.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10835 SE Federal Hwy

3. Mailing Address

PO Box 2344

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hobe Sound FL

City & State

Hobe Sound FL

4. FEI Number

03-0446283

Applied For

Not Applicable

Zip 33455

Country Martin

Zip 33475

Country Martin

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HASSAN GHALAM

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

20185 E. Country Club Dr. Unit E 202

City Aventura

FL

Zip Code

33180

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 H. Ghulam HASSAN GHALAM

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 President
NAME HASSAN GHALAM
STREET ADDRESS 20185 E Country Club Dr.
CITY-ST-ZIP Aventura, FL 33180

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

Date

Daytime Phone #

CR2E034B (12/01)