2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000063350 **DOCUMENT #**

1. Entity Name

COMMERCIAL RESTAURANT, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90140 028 ***150.00

Principal Place of Business 9045 LA FONTANA BLVD. STE B-1 BOCA RATON FL 33434			Mailing Address 9045 LA FONTANA BLVD. STE B-1 BOCA RATON FL 33434								
2. Principal Place of Business			3. Mailing Address					1 1 1 			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 4/6 - 0486213			opplied For lot Applicable	
Country			Zip		Country				ee Requir		
6. Name and Address of Current Regis				istered Agent							
FILHO, EDIVAR F											
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								FL	Zip Co		
named entitions of regis	y submits this statement tered agent.	for the purp	ose of changing its	registere	ed office or r	egistered a	agent, or both, in the State of F	Florida. I am f	amiliar with	, and accept	
SIGNATURE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								· · ·		00 May Be ed to Fees	
						Α	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 11	
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	#, etc. e 6. Name OVAR F ONTANA E TON FL 33- Inamed entitions of regis Signature, types ILE NOW! r May 1, 20 k Payable to DPST FILHO, EE 9045 LA F BOCA RA	Itace of Business #, etc. Country 6. Name and Address of Currer OVAR F ONTANA BLVD, STE B-1 TON FL 33434 Inamed entity submits this statement sions of registered agent. Signature, typed or printed name of registered agent. Payable to Florida Department OFFICERS AN DPST FILHO, EDIVAR F 9045 LA FONTANA BLVD, STE BOCA RATON FL 33434	ANA BLVD. STE B-1 FL 33434 Place of Business #, etc. Country Country Country Signature, typed or printed name of registered agent and title if apply in the property of the printed person of the printed person of the pers	ANA BLVD. STE B-1 FL 33434 SOCA RATON FL 33434 SOCA RATON FL 33434 Society & State	## STEE B-1 FL 33434 South April South April South April South April State	ANA BLVD. STE 8-1 FL 39434 SOAS LA FONTANA BLVD. STE B-1 BOCA RATON FL 33434 Itace of Business J. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country City 6. Name and Address of Current Registered Agent Name. Name. Name. Street Add. City Inamed entity submits this statement for the purpose of changing its registered office or now of registered agent. (NOTE: Repistered Agent signature) Registered Agent signature (NOTE: Repistered Agent signature) In ITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete	Taxa BLVD. STE B-1 FL 33434 SQAS LA FONTANA BLVD. STE B-1 BOCA RATON FL 33434 Itace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. Cry, & State Country Jip Country 5. 6. Name and Address of Current Registered Agent Name. Street Address (P.O. TON FL 33434 City Inamed entity submits this statement for the purpose of changing its registered office or registored agent. ILE NOW!!! FEE IS \$150.00 RMay 1, 2003 Fee will be \$550.00 RP Payable to Florida Department of State OFFICERS AND DIRECTORS DPST FILHO, EDIVAR F 9045 LA FONTANA BLVD, STE B-1 BOCA RATON FL 33434 Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete STREET ADDRESS CITY-ST-2P	ANA BLVD. STE B-1 FL 3343 BOCA RATON FL 33434 Suite Apt. #, etc.	ANA BLVD. STE B-1 BOCA RATON FL 33494 BOCA RATON FL 33494 BOCA RATON FL 34494 BOC	Suito. Apt. W. etc. Suito. Apt. W. etc. City & State Country Zip Country Sreet Address of New Registered Agent Name Name Name City FL Zip Co City FL Zip Co City Street Address (PO. Box Number in Not Acceptable) TON FL 33434 City FL Zip Co Treatment entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I arm familiar with core of of registered agent. City FL Zip Co Treatment entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I arm familiar with core of or registered agent. City FL Zip Co Treatment entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I arm familiar with core of or registered agent. City FL Zip Co Treatment entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I arm familiar with core of or registered agent, or both, in the State of Fiorida. I arm familiar with core of or registered agent, or both, in the State of Fiorida. I arm familiar with core of or registered agent, or both, in the State of Fiorida. I arm familiar with core of or registered agent, or both, in the State of Fiorida. I arm familiar with core of or registered agent, or both, in the State of Fiorida. I arm familiar with core of the purpose of changing its registered different agent, or both, in the State of Fiorida. I arm familiar with core of the purpose	

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.