

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90187 038 ***150.00

DOCUMENT # P02000073920

1. Entity Name
BIRDIES ORIENTAL OUTLET, INC.



Principal Place of Business
2500 PARKVIEW DRIVE #1519
HALLENDALE BEACH FL 33009

Mailing Address
2500 PARKVIEW DRIVE #1519
HALLENDALE BEACH FL 33009

2. Principal Place of Business
5283 W. ATLANTIC AVE

3. Mailing Address
5283 W. ATLANTIC AVE

Suite, Apt. #, etc.
SUITE 90-91

Suite, Apt. #, etc.
SUITE 90-91

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH, FL

Zip
33484

Country
USA

Zip
33484

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0096639

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ALLAN
2500 PARKVIEW DRIVE #1519
HALLENDALE BEACH FL 33009
A

7. Name and Address of New Registered Agent

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: ALLAN ROSENBERG
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/14/03

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

TITLE D ☐ Delete
NAME ROSENBERG, ALLAN
STREET ADDRESS 2500 PARKVIEW DRIVE #1519
CITY-ST-ZIP HALLENDALE BEACH FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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: ALLAN ROSENBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/14/03

Date

561-495-9318

Daytime Phone #

CR2E034 (10/02)