

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0015786 AN

DOCUMENT # **P02000109417**

1. Entity Name
CRAZY GRILL, INC.



FILED
03 SEP 22 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7048 INTERNATIONAL DRIVE
ORLANDO FL 32819**

Mailing Address
**7048 INTERNATIONAL DRIVE
ORLANDO FL 32819**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7048 INTERNATIONAL DRIVE 7048 INTERNATIONAL DRIVE

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32819

U.S.A

32819

U.S.A

4. FEI Number

38-3662042

☒ Applied For

☐ Not Applicable

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

**MARSCHNER ISAYYID, LILLIAN
8156 DIAMOND COVE CIRCLE
ORLANDO FL 32836**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PVST** ☐ Delete
NAME **MARSCHNER ISAYYID, LILLIAN**
STREET ADDRESS **8156 DIAMOND COVE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE **D** ☐ Delete
NAME **MARSCHNER ISAYYID, LILLIAN**
STREET ADDRESS **8156 DIAMOND COVE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/17/03
Date

402-466-2316
Daytime Phone #

CR2E034 (4/03)

Crazy Grill
7048 International Drive
Orlando FL 32819
(407) 354-4404

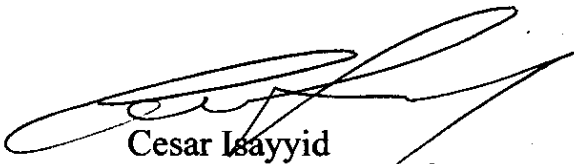
September 17, 2003

To Whom It May Concern:

This letter is to regards the Uniform Business Report (UBR) sent ^{to} me a fee of \$550.00. I never received the original. Enclosed is the amount of \$150.00 that I owe you for the annual fee and hope that you will remove the penalty.

If you have any questions, feel free to contact me at (407) ~~354-4404~~ 3544404

Sincerely,



Cesar Leayyid