

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P39240**

1. Entity Name
RESTAURANT SERVICES, INC.

02 JUL 2002 90047 028 ****61.25
P39240

02 JUL -9 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

020123



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**TWO ALHAMBRA PLAZA
500
CORAL GABLES FL 33134
US**

Mailing Address
**TWO ALHAMBRA PLAZA
500
CORAL GABLES FL 33134
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0308534**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00. After May 1, 2002 Fee will be \$550.00. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **HOFFMAN, GEORGE**
STREET ADDRESS **TWO ALHAMBRA PLAZA, STE 500**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Delete

TITLE **P**
NAME **HOFFMAN, GEORGE**
STREET ADDRESS **TWO ALHAMBRA PLAZA, STE 500**
CITY-ST-ZIP **CORAL GABLES FL**

☒ Change ☐ Addition

TITLE **S**
NAME **KAROUSATOS, ANNE**
STREET ADDRESS **TWO ALHAMBRA PLAZA, STE 500**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Delete

TITLE **CFO**
NAME **PATTISON, STEVE**
STREET ADDRESS **TWO ALHAMBRA PLAZA, STE 500**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Change ☒ Addition

TITLE **V**
NAME **BARRY BARNETT**
STREET ADDRESS **TWO ALHAMBRA PLAZA, STE 500**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **T**
NAME **REECE, DEBRA**
STREET ADDRESS **TWO ALHAMBRA PLAZA, STE 500**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **GREENE, ED**
STREET ADDRESS **TWO ALHAMBRA PLAZA, STE 500**
CITY-ST-ZIP **CORAL GABLES FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VP**
NAME **BURK, MICHAEL**
STREET ADDRESS **2 ALHAMBRA PLAZA STE 500**
CITY-ST-ZIP **CORAL GABLES FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E034 (9/01)