## **FILED** 2003 FOR PROFIT CORPORATION Mar 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P39240 DOCUMENT # 1. Entity Name 03-21-2003 90108 037 \*\*\*150.00 RESTAURANT SERVICES, INC. Principal Place of Business Mailing Address TWO ALHAMBRA PLAZA TWO ALHAMBRA PLAZA 500 CORAL GABLES FL 33134 CORAL GABLES FL 33134 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0308534 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Change Addition HOFFMAN, GEORGE NAME NAME Anthony Menninger TOW ALHAMBRA PLAZA, STE 500 STREET ADDRESS STREET ADDRESS two Alhambra Plaza, STE 500 CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP oral Gables FL TITLE ☐ Delete TITLE ☐ Change KAROUSATOS, ANNE Michael Burns NAME NAME TWO ALHAMBRA PLAZA, STE 500 Two Alhambsa Plaza, STE 500 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIF CITY-ST-7IP brak Gables TITLE Change ☐ Delete - ~ TITLE Addition HOFFMAN, GEORGE NAME BARRY BARNETT NAME TWO ALHAMBRA PLAZA, STE 500 TWO ALHAMBRA PLAZA, STE 500 STREET ADDRESS

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PATTIBON, STEVE

CORAL GABLES, FL

TWO ALHAMBAA PLAZA, STE 500

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CITY-ST-ZIP

TITLE

NAME

be not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information our ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true of the corporation or the receiver of tubes employer changed, or on an attachmer

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

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CORAL GABLES FL

CORAL GABLES FL

TWO ALHAMBRA PLAZA, STE 500

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