

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90079 017 ***150.00

DOCUMENT # P92000002948

1. Entity Name

HARD ROCK CAFE INTERNATIONAL (MIAMI), INC.

Principal Place of Business

**6100 OLD PARK LN
 ORLANDO FL 32835**

Mailing Address

**ATN: JAY WOLSZAK
 6100 OLD PARK LN
 ORLANDO FL 32835
 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

58-2022408

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	DP	<input type="checkbox"/> Delete
NAME	BEAUDRAULT, PETER	
STREET ADDRESS	6100 OLD PARK LN	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, SCOTT	
STREET ADDRESS	6100 OLD PARK LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, HORACE G III	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, SCOTT	
STREET ADDRESS	6100 OLD PARK LN	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KNIPPING, CHRIS	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCNEESE, JACK L	
STREET ADDRESS	FIVE CONCOURSE PKWY SUITE 2400	
CITY-ST-ZIP	ATLANTA GA 30328	

TITLE	PRES & DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER BEAUDRAULT	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	TREAS & DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD LINDSEY	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	SECRETARY & DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY WOLSZAK	
STREET ADDRESS	6100 OLD PARK LANE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY WOLSZAK

2/13/02

407 445 7625

Date

Daytime Phone #

CR2E034 (9/01)