

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90133 009 ***150.00

DOCUMENT # P92000008106

1. Entity Name

CHINA GRILL SOBE, INC.

Principal Place of Business

Mailing Address

**404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH FL 33139
US****404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH FL 33139-6600
US****A0040042**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0372005

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CY PROPERTIES, INC.
C/O 404 WASHINGTON AVE
ATTN: CHINA GRILL
MIAMI BEACH FL 33139**

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, 2000 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	DVT	<input type="checkbox"/> Delete
NAME	JACK POLSENBERG	
STREET ADDRESS	4 GARTLEY DR	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHODOROW, LINDA	
STREET ADDRESS	19925 NE 39TH PL PH 701	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NEIL FAGGEN	
STREET ADDRESS	155 COOPERTOWN RD	
CITY-ST-ZIP	HAVERFORD PA 19041	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1248 GULPH CREEK DRIVE	
CITY-ST-ZIP	RADNOR PA 19087	
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		

CR2E034 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK POLSENBERG, vice President

Date

4.11.00

Daytime Phone #

305-538-1441