

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90017 045 \*\*\*150.00

**DOCUMENT # P93000039116**

1. Entity Name

**ROADHOUSE GRILL NORTH MIAMI, INC.**

Principal Place of Business

Mailing Address

6600 N. ANDREWS AVENUE, SUITE #160  
 FT. LAUDERDALE FL 33309

6600 N. ANDREWS AVENUE, SUITE #160  
 FT. LAUDERDALE FL 33309-2188

2. Principal Place of Business

2703-A Gateway Drive  
 Suite, Apt. #, etc.

3. Mailing Address

2703-A Gateway Drive  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0473222

Applied For

Not Applicable

Zip

Country

33069 USA

USA

Zip

Country

33069 USA

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERNHOLZ, MARTIN**  
 6600 N ANDREWS AVE  
 SUITE 160  
 FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: Martin Bernholz  
 Street Address (P.O. Box Number is Not Acceptable): 2703-A Gateway Drive  
 City: Pompano Beach FL Zip Code: 33069

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.

**FILE NOW!!! FEE IS \$150.00**  
 AND MAY 1, 2000 Fee will be \$350.00  
 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

TITLE	CFO	<input type="checkbox"/> Delete
NAME	GLASSHAGEL, GLENN	
STREET ADDRESS	6600 N. ANDREWS AVENUE, SUITE #160	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SABI, AYMAN	
STREET ADDRESS	6600 N ANDREWS, SUITE 160	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATNER, PHIL	
STREET ADDRESS	3001 E PRES. GEORGE BUSH HWY #200	
CITY-ST-ZIP	RICHARDSON TX 75082	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, PHIL	
STREET ADDRESS	400 LEGACY PARK DR SUITE B	
CITY-ST-ZIP	RIDGELAND MS 39157	
TITLE	D	<input type="checkbox"/> Delete
NAME	TON, VINCENT	
STREET ADDRESS	6600 N ANDREWS AVE SUITE 160	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, ALOIN	
STREET ADDRESS	6600 N ANDREWS AVE SUITE 160	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Executive Vice President + CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2703-A Gateway Drive	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	President + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2703-A Gateway Drive	
CITY-ST-ZIP	Pompano Beach FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tan, Vincent	
STREET ADDRESS	2703-A Gateway Drive	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alain Lee	
STREET ADDRESS	2703-A Gateway Drive	
CITY-ST-ZIP	Pompano Beach, FL 33069	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Ayman Sabi, President + CEO

1/27/00 (954) 957-2600  
 Date Daytime Phone #

CR2E034 (9/99)