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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300060431 1. Corporation Name

GRAND BAR & CAFE, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90221 044 ***150.00

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Principal Place	e of Business	Mailing Address					
1717 N. BAYSH	IORE DRIVE	1717 N. BAYSHORE DR	IVE				
101		101		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33132.		MIAMI FL 33132		3. Date Incorporated or Qualifed			
US		US					
	<u> </u>				08/27/1993 4. FEI Number		oplied For
	lace of Business	2a. Mailing Address	1		, -::::::::::::::::::::::::::::::::::::	⊢	•
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Suite, Apt.	1 1 1	Suite, Apt. #, etc.	٥١		5. Certifcate of Status Desired	•	Additional equired
22 74	· · · · · · · · · · · · · · · · · · ·	21 3000					<u> </u>
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21 231	3	^{Zip} 3332	_	"""'I1<	8. This corporation owes the current year	Ves Ves	□No
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	9. Name and Address of Curren	nt Kegisterea Agent		81 Name	IV. Haille allu Aduless of New Registe	ou rigulit	
EAL	PETTÒ GINO			Valle		<u> </u>	
	SETTO, GINO			82 Street Add	dress (P.O. Box Number is Not Acceptable)		_
1	7 N. BAYSHORE DRIVE						
#10	•			83			1
į MIAM	MI FL 33132			84 City		85 Zip	Code
				1941 0119		FL " - "	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the a	bove-named cor	rporation submits this statement for the purpos	e of changing its	registered
office or r	paintared agent or both in the State	of Florida, Such change wa	s authonzed	i by the corporal	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its opointment as re	egistered egistered
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change wa	s authonzed	i by the corporal	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its opointment as re	s registered egistered
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

ON WILL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

□ DELETE

☐ Addition