

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

08-18-2003 90170 019 ***150.00

DOCUMENT # P93000060895

1. Entity Name
THE POINT STEAKHOUSE, INC.



Principal Place of Business
**2300 GLADES ROAD
415 EAST TOWER
BOCA RATON FL 33481
US**

Mailing Address
**2300 GLADES ROAD
415 EAST TOWER
BOCA RATON FL 33431
US**

55055445

2. Principal Place of Business
**1900 GLADES ROAD
SUITE 357**

3. Mailing Address
**1900 GLADES ROAD
SUITE 357**

☒ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL
Zip
33431 Country
USA

City & State
BOCA RATON FL
Zip
33431 Country
USA

4. FEI Number **65-0431628**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TUBBS, STEVEN R
2300 GLADES ROAD Y
400 EAST TOWER
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
Name **FRED W. MATTLIN**
Street Address (P.O. Box Number is Not Acceptable)
**1900 GLADES ROAD
SUITE 357**
City **BOCA RATON** FL Zip Code **33431**

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 **Fred W. Mattlin**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **8-12-03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TUBBS, STEVEN R 2300 GLADES RD., STE. 415 EAST TOWER BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff M. Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 750 South Dixie Highway Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

Jeff M. Brown

**561
345 6000**
Date **8/28/03** Daytime Phone #

CR2E034 (4/03)