## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 08, 2000 8:00 am Secretary of State DOCUMENT # P93000062342 BERMUDA BAR & GRILL, INC. 02-08-2000 90014 001 \*\*\*900.00 Principal Place of Business Mailing Address 3509 NE 163RD ST. 3801 HOLLYWOOD BLVD NORTH MIAMI FL 33160 SUITE 101 5233 HOLLYWOOD FL 33023-6736 US 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0434147 Not Applicable Country Zip Country \$8.75 Additional 5.\_Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTHSTEIN, SCOTT W Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA STE 2612 FT. LAUDERDALE FL 33394 Zin Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete VSTD CAPUTI, STEVE CAPUTI, STEPPICA 101 S. STATE Rd Stephen NAME Suite 205 STREET ADDRESS 3801 HOLLYWOOD BLVD., STE. 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Hollywood VSTD Delete TITLE ☐ Addition TITLE VASU, MARK NAME NAME 3801 HOLLYWOOD BLVD, STE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Delete TITLE TITLE DELANEY, GERARD NAME Delaney NAME STREET ADDRESS 3801 HOLLYWOOD BLVD, STE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

SIGNATURE:

13. I hereby certify that the information synoindicated on this report or supplemental of the corporation or the receiver of this changed, or on an attachment with an au-

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ress, with all other like empowered

Steplen J. Caput

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information for 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

1-20-DD

954967-84"

Daytime Phone #

FILED