

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91331 040 \*\*\*150.00

0617175

**DOCUMENT # P93000065884**

1. Entity Name  
**THE SEATERY, INC.**

Principal Place of Business Mailing Address  
**9890 N.W. 14TH COURT P.O. BOX 9174**  
**PEMBROKE PINES FL 33024 HOLLYWOOD FL 33084**  
**US US**

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**6656 S.W. 14th St**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **DAVIE, FLORIDA** City & State  
 Zip Country Zip Country  
 4. FEI Number **65-0437908** Applied For  
 Not Applicable  
 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  
**DEROSA, PAMELA** Name **MARTA**  
**9890 NW 14 CT** Street Address (P.O. Box Number is Not Acceptable)  
**PEMBROKE PINES FL 33024** **6656 S.W. 14th St**  
 City **DAVIE** FL Zip Code **33**

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 *Pamela Derosa* *President* **3-27-01**  
 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**  
**After MAY 1, 2001 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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DEROSA, PAMELA</b>		NAME		
STREET ADDRESS	<b>9890 N.W. 14TH COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DEROSA, PAMELA</b>		NAME		
STREET ADDRESS	<b>9890 N.W. 14TH COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Pamela Derosa* *President* **954-879-0700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)