## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000082222**1. Corporation Name

B'S LAS OLAS BISTRO, INC.

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90018 044 \*\*\*150.00



Principal Place of Business Mailing Address					I Ideald to the same of the sa	,	
609 E. LAS OLAS BLVD. 609 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/22/1993		
Principal Place of Business     2a. Mailing Address			,		4. FEI Number		lied For
21		26			65-0451955		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			c.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	rees
Zip	Country		Count	гу	8. This corporation owes the current year Intangible		
24	25 29 30		30	Personal Property Tax. Line 10. Name and Address of New Registered Agent			LINO .
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	stered Agent	
	SECURIT DATE		1	Name			
YARBOROUGH, DAVID 609 E LAS OLAS BLVD			8	Street Add	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
FT. L	AUDERDALE FL 33301		1	13			
			8	34 City		FL 85 Zip C	ode
·					poration submits this statement for the purp tion's board of directors. I hereby accept the	oose of changing its	registered
	to the provisions of Sections 607.05 egistered agent, or both, in the State n familiar with, and accept the oblig				tion's board of directors. I hereby accept the	appointment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered A	gent signature requi		DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E		☐ Change	☐ Addition
NAME	YARBOROUGH, DAVID		1.2 NAM	Æ			Ì
STREET ADDRESS	609 E LAS OLAS BLVD		1.3 STR	EET ADDRESS			ļ
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY	/-ST-ZIP			CT Addition
TITLE		☐ DELETE	2.1 TITL	E		Change	Addition
NAME			2.2 NAA	AE .			
STREET ADDRESS				EET ADDRESS		<del></del>	
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP		·	
TITLE		☐ DELETE	3.1 TITE	Ε ,	·	☐ Change	Addition
NAME			3.2 NA	AE			
STREET ADDRESS			3.3 STF	REET ADDRESS		•	
CITY-ST-ZIP		_	3.4. CIT	Y-ST-ZiP			
TITLE		☐ DELETE	4,1 TITI	.E	,	Change	☐ Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		·_ <del></del>	F7 4 1 88
TITLE		☐ DELETE	5.1 TIT	Æ		☐ Change	Addition Addition
NAME			5.2 NA	ME		٠.	
STREET ADDRESS			5.3 STI	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		<del>_</del>	
TITLE		☐ DELETE	6.1 TIT	LE		☐ Change	☐ Addition
NAME			6.2 NA	ME	•		
STREET ADDRESS			6.3 STI	REET ADORESS			
CITY ST-7IP			6.4 CIT	Y-ST-ZIP			

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 Plack 12 or Plack 12 if chapter 607 and the property with an address with all other like empowered.