

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90100 020 \*\*\*150.00

**80077578**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P93000082222

**1. Entity Name** B's Las Olas Bistro, Inc.

**Principal Place of Business**

14200 N.W. 4th Street  
Sunrise, FL 33325

**Mailing Address**

14200 NW 4th St.  
Sunrise, FL 33325  
Attn: David A. Yarborough

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

65-0451955

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**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**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

Yarborough, David  
14200 N.W. 4th Street  
Sunrise, FL 33325

**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)

**DATE**

**9. This corporation is eligible to satisfy its Intangible**

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 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**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

PSTD  
Yarborough, David  
14200 N.W. 4th Str; Sunrise, FL  
33325

☐ Delete

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**

**NAME**

**STREET ADDRESS**

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**STREET ADDRESS**

**CITY-ST-ZIP**

☐ Change

☐ Addition

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Yarborough, Pres.

Date

(954) 846-2660

Daytime Phone #

CR2E034 (9/99)