


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90174 043 ***150.00

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Entity Name
THE PARMA TAVERN CORP.



Principal Place of Business
800 S FEDERAL HWY
HALLANDALE FL 33009

Mailing Address
800 S FEDERAL HWY
HALLANDALE FL 33009
US

Principal Place of Business
3439 NE 163rd St.

3. Mailing Address
Suite, Apt. #, etc.

City & State
North Miami Beach, FL

City & State

Zip
33160

Country
US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0471127

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, DIANA
800 S FEDERAL HWY
HALLADALE FL 33009

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	TITLE P NAME RUBIN, DIANA STREET ADDRESS 16455 NE 27 PL CITY-ST-ZIP NORTH MIAMI BEACH FL
<input type="checkbox"/> Delete	TITLE T NAME RUBIN, JUAN STREET ADDRESS 16455 NE 27 PL CITY-ST-ZIP NORTH MIAMI BEACH FL
<input type="checkbox"/> Delete	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<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
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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]* **2-18-03** (305) 945-5246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)