

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-21-2003 90137 045 ***150.00

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AV

DOCUMENT # P94000019046

1. Entity Name
MARGE'S GARDEN RESTAURANT, INC.



Principal Place of Business
4400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33334

Mailing Address
4400 N. ANDREWS AVE.
FT. LAUDERDALE FL 33334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0472936**

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

SMITH, MARGE
4591 NE 5TH AVE
FT LAUDERDALE FL 33334

(Pinto) married 7/18/01

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SMITH, MARGARET**
STREET ADDRESS **4591 NE 5TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ Delete
NAME **BROWN, JULIE D**
STREET ADDRESS **4800 NE 5TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Marge DeCunzio Pinto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03
DATE
954-771-3432
DAYTIME PHONE #

CR2E034 (10/02)

Attachment In # 1940000170410

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

RECORDERS NO.	CERTIFICATE OF MARRIAGE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES BUREAU OF VITAL STATISTICS P.O. BOX 110675 JUNEAU, ALASKA 99811-0675	STATE FILE NO.
RECORDING DISTRICT		150- 01002418 DATE REGISTERED JUL 19 2001

MAGISTRATE
OF
MARRIAGE
COMMISSIONER
ISSUING
MARRIAGE
LICENSE

MARRIAGE LICENSE TO ANY PERSON AUTHORIZED BY THE LAWS OF THIS STATE TO SOLEMNIZE MARRIAGES: You are hereby authorized at any time not more than 3 months from and after the date hereof, within the State of Alaska (not knowing any legal impediment thereto), to join together in marriage in accordance with the laws of this state the two parties hereinbelow identified:			
LICENSE NO.	DATE ISSUED	RECORDING DISTRICT	
203028	7/19/2001	Fairbanks	
SIGNATURE	<input checked="" type="checkbox"/> MAGISTRATE <input type="checkbox"/> MARRIAGE <input type="checkbox"/> COMMISSIONER	ADDRESS	
Jessica Davila	Officer	Fairbanks	
GROOM	BRIDE		
NAME	NAME		
Robert Leon Pinto	Margaret L. Smith		
MAIDEN NAME (if different from above)	Margaret F. Maude		
USUAL RESIDENCE: CITY/TOWN	STATE/COUNTRY	USUAL RESIDENCE: CITY/TOWN	STATE/COUNTRY
Fort Lauderdale	FL	Fort Lauderdale	FL
DATE OF BIRTH	CONSENT GIVEN (if under age 18)	DATE OF BIRTH	CONSENT GIVEN (if under age 18)
07/27/1944	<input type="checkbox"/> YES <input type="checkbox"/> NO	12/22/1942	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF BIRTH	STATE/COUNTRY	PLACE OF BIRTH	STATE/COUNTRY
Newport	RI	Natick	MA
* SOCIAL SECURITY #	* SOCIAL SECURITY #		
038-28-1892	018-32-8200		
WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THE STATE			
GROOM'S SIGNATURE	BRIDE'S SIGNATURE		
Robert L. Pinto	Margaret L. Smith		

PERSON
PERFORMING
CEREMONY

CERTIFICATE OF MARRIAGE I hereby certify that the parties hereinabove identified were united in Holy Matrimony by me in accordance with the laws of the State of Alaska on <u>July 19</u> 2001 at <u>Fairbanks</u> Alaska. (City, Town or Location)	
SIGNATURE OF OFFICIARY	CHURCH OR OFFICE
William R. Peltier	P.O. Box 72978
OFFICIAL TITLE	ADDRESS
Marriage Commissioner	Fairbanks, AK 99707
SIGNATURE OF WITNESS	ADDRESS
William R. Peltier	844 5th Ave. Fairbanks AK 99701
SIGNATURE OF WITNESS	ADDRESS
Ramon Dubler	844-5th Ave Fairbanks AK 99701
RECORDERS SIGNATURE	DATE RECORDED

WITNESSES
TO
CEREMONY

RECORDING
MAGISTRATE

042845

Proof of Name Change!
Please Change

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **JUL 20 2001**

STATE REGISTRAR