2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081497

1. Entity Name

MORRIS' UPTOWN DELI, INC.

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90075 026 ***150.00

| | | | | | | 04-25-2000 | 90075 02 | :6 ***150 | .00 |
|--|---|--|-------------------------------|--|---|-----------------------|-------------------|----------------------------------|--------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | |
| MIAMI BEACH FL 33141 | | 304 SW 8 ST HALLANDALE FL 33009-7020 US | | | UUU;~~- | | | | |
| 2. Hingipal E | Place of Buetness in 5 Auc. | 3. Mailing Address 6300 Collins Aue. Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| Jake, Apt. | . π, σ.ω. | duta, r.pa. «, ota. | | | So not water trade some | | | | |
| City & Stat | : Beach, Fla. | Miami Beach, Fl. | | | 4. FEI Number 65-0534425 Applied For Not Applicable | | | | |
| ^{zip} 33 | 14L Country DSA | ^z 33141 | Country US/ | } 5. | Certificate o | f Status Desired | | \$8.75 Add Fee Require | |
| | 6. Name and Address of Current F | legistered Agent | | | Name and A | Address of New Re | gistered A | gent | |
| 7.6 1 | | | Name | | | | | | |
| | I, Morris L Collins ave | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | MI BEACH FL 33141 | • • | | | | | | | |
| | | | City | | | | FL | Zip Code | e |
| 8. The above | named entity submits this statement for | the durpose of changing its re | egistered office or | registered a | gent, or both | , in the State of Flo | rida. | <u></u> | |
| SIGNATURE | Signature, typed or printed name of registered agent ar | 1 | Registered Agent signati | | PRE | SIDEN | DATE | | |
| 9. This corpo Tax filing r (See criter | FEE IS \$150.0 Fee will be \$5 to Department | 50.00 | I | tion Campaign Fina t Fund Contribution | | | May Be to Fees | | |
| 11. | OFFICERS AND C | | 12. | A | | HANGES TO OFFI | CERS AND | | |
| TITLE NAME | DP RICH, Morris L | ☐ Delete | TITLE NAME | V.C. | | SIDENT | | ☐ Change | Addition |
| STREET ADDRESS | 304 SW 8TH ST. | | STREET ADDRESS | 201 S | | 51, | | | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | . 1 | CITY-ST-ZIP | Hallan | | F1, 33 | 009 | • • | |
| TITLE | VP | Delete | TITLE | | | | ** | ☐ Change | Addition |
| NAME - | RICH, JOSHUA J | • | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 304 SW 8TH ST. | _ | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | HALLANDALE FL 33009 | Dalata = - | TITLE | | | | | ☐ Change | Addition |
| NAME | FRADKIN, EVAN T | 123 1001010 | NAME | | | | | | |
| STREET ADDRESŞ | 304 SW 8TH ST. | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | Change | Addition |
| NAME | · | | NAME | | | | , | | |
| STREET ADORESS | | | STREET AODRESS CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP | ļ | | | | | - | | | - Addising |
| TITLE | | ☐ Delete | TITLE NAME • | | | | | Change . | Addition |
| NAME STREET ADORESS | | • | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | | | NAME | | | | | | _ |
| STREET ADDRESS | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | } | • • | CITY-ST-ZIP | | | | | | |
| 13. Thereby | certify that the information supplied with | this filing does not qualify for the | he exemption state | ed in Section | n 119.07(3)(i) e legal effect | , Florida Statutes. I | further cert | ify that the ir | nformation or directo |

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

IS LOUIS RICH

4/1/99

(305)866-701

Daytime Phone #