


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91522 031 \*\*\*150.00

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

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # P95000017714</b>  |  |    |  |
| 1. Entity Name<br><b>CHEESESTEAK PALACE, INC.</b>   |  |   |  |
| Principal Place of Business<br>3204 E ATLANTIC BLVD<br>POMPAÑO BEACH, FL 33062  |  | Mailing Address<br>3204 E ATLANTIC BLVD<br>POMPAÑO BEACH, FL 33062  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   | Country  | Zip   | Country  |
| 4. FEI Number<br><b>65-0590661</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>CAFFRO, CRAIG<br/>3204 E ATLANTIC BLVD<br/>POMPAÑO BEACH, FL 33062</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <i>Craig Caffro</i> DATE <i>4/18/03</i><br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when resigning)</small>   |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State  |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>PUSHINSKY, DONNA<br>3204 E ATLANTIC BLVD<br>POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <i>Craig Caffro</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  | Date <i>4/18/03</i><br><small>Date Daytime Phone #</small>  |  |

10090320



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)