

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

04-18-2001 90366 001 ***300.00

DOCUMENT # P95000032464

1. Entity Name

RESTAURANT WAREHOUSE INC.

Principal Place of Business

Mailing Address

3555 N. ANDREWS AVE.
 OAKLAND PARK FL 33309
 US

3555 N. ANDREWS AVE.
 OAKLAND PARK FL 33309
 US

2. Principal Place of Business

3. Mailing Address

3555 N ANDREWS AVE**3555 N ANDREWS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OAKLAND PARK FL**OAKLAND PARK FL**

Zip

Country

Zip

Country

33309**BROWARD****33309****BROWARD**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUX AND EARNST, P.A.
6800 GRIFFIN ROAD
DAVE FL 33314

Name

SANDY MUCHNICK

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

4000 HOLLYWOOD BLVD SUITE 2100

City

HOLLYWOOD

FL

Zip Code

33021

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

SANDY MUCHNICK

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/30/01

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, 2001 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D			<input checked="" type="checkbox"/>					
	COTTON, ROBERTA	3555 N. ANDREWS AVENUE	FT. LAUDERDALE FL 33309						
	PRESIDENT			<input type="checkbox"/>					
	MARK IMMERMAN	3555 N ANDREWS AVE	OAKLAND PARK FL 33309						
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					

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:

M. Imberman**M. IMMERMAN****4/10/01****(954) 5646565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)