

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90091 030 ***550.00

DOCUMENT # P95000063285

1. Entity Name
ESL RESTAURANT, INC.

Principal Place of Business

**7100 FAIRWAY DRIVE
 BAY 50/51
 PALM BEACH FL 33418**

Mailing Address

**7100 FAIRWAY DRIVE
 BAY 50/51
 PALM BEACH FL 33418**

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

65-0618172

Applied For

Not Applicable

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

**LENA, SALVATOR E
 9115 GREEN MEADOWS WAY
 PALM BEACH GARDENS FL 33418**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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
**PD
 LENA, SALVATOR E
 9115 GREEN MEADOWS WAY
 PALM BEACH GARDENS FL 33418** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**LENA, SALVATOR E
 6086 ADAMS ST.
 JUPITER FL 33458** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 LENA, EMANUEL
 9115 GREEN MEADOWS WAY
 PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**LENA EMANUEL
 17917 BRIDLE CT.
 JUPITER FL 33478** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

I 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 reported 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 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 attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-695-8134

CR2E034 (4/02)