

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072440

1. Entity Name

BLUE MOUNTAIN RESTAURANT AND LOUNGE INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG 20 AM 10:20

973744

Principal Place of Business

1430 NORTH STATE ROAD 7  
LAUDERHILL FL 33313

Mailing Address

1430 NORTH STATE ROAD 7  
LAUDERHILL FL 33313

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

65-0645900

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

LOBBAN, NORMAN A

7220 NW 44 CT

FORT LAUDERDALE FL 33314

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 PD  
NAME SCARLETT, GERLINE O  
STREET ADDRESS 3920 NW 45 WAY  
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☒ Delete

TITLE VP  
NAME SCARLETT, OWEN  
STREET ADDRESS 3920 NW 45 WAY  
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE PD & Treasurer  
NAME Andrea E. Smith  
STREET ADDRESS 3920 N.W. 45 Way  
CITY-ST-ZIP Lauderdale Lake, FL 33319 ☒ Change ☐ Addition

TITLE VPD & Secretary  
NAME Daphne B. Morgan  
STREET ADDRESS 3700 NW 21 st Street  
CITY-ST-ZIP Lauderdale Lake, FL 33311 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
9000007672379  
-09/11/02--01059--029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
9000007672379  
-09/11/02--01059--030  
\*\*\*\*\*500.00 \*\*\*\*\*500.00

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrea Smith

Date 8/9/02

Daytime Phone #

CR2E034 (4/02)