

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State


05-24-2000 90176 041 ***150.00

DOCUMENT # P95000087782
 1. Entity Name
TIME OUT LIQUORS & LOUNGE, INC.

Principal Place of Business Mailing Address
 2701 SOUTH STATE RD 7
 HOLLYWOOD FL 33023
 US
 2701 SOUTH STATE RD 7
 HOLLYWOOD FL 33023
 US
 P.O. Box 834896
 HOLLYWOOD, FL 33083-4896

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite, Apt. #, etc. P.O. Box 834896
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 City & State **HOLLYWOOD, FL**
 Zip Country Zip Country
 Zip Country **33083-4896** **FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0621835 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PUGLIESE, DOMENICK
2701 SOUTH STATE RD 7
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent
 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.
 SIGNATURE: *Domènec Pugliese, Pres* DATE: APRIL 18, 2000
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P PUGLIESE, DOMENICK 2701 SOUTH STATE RD 7 HOLLYWOOD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUGLIESE, JOHN D 1985 SOUTH OCEAN DRIVE HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUGLIESE, JOHN D 1985 SOUTH OCEAN DRIVE HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUGLIESE, ANDREA A 1985 SOUTH OCEAN DRIVE HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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 another like empowered.

SIGNATURE: *Domènec Pugliese, Pres* DATE: APRIL 18, 2000 (954) 358-6563
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)