2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P95000096484

1. Entity Name



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

| Maling Address 24 CORPINATION DR UNDERDALE BY THE SEA FL 33308 25 Principal Place of Disprises 26 Corpination On Country 26 Country 26 Country 27 Country 28 Country 29 Country 20 Country 30 | FSFH, IN | C. | | | | | " | | | | | | |
|--|---|---|---|--|--------------------------------|--|--|--|-----------------------------------|---|--|----|--|
| 2. Principal Place of Business 3. Mailing Address 5. Suries. April 4, etc. Suries. April 4, etc. Suries. April 4, etc. City & State City & State 4. FEI Number 65-0627314 Applicable Place Ap | 255 CODRINGTON DR LAUDERDALE BY THE SEA FL 33308 | | | 255 CODRINGTON DR. LAUDERDALE BY THE SEA FL 33308 | | | | | Restaurants | | | | |
| Solito, Apt. F. etc. Suito, Apt. F. etc. Suito, Apt. F. etc. Suito, Apt. F. etc. City & State City & State Country Country Suito, Apt. F. etc. Country Suito, Apt. F. etc. Country Suito, Apt. F. etc. City City F. L. Zio Code City City F. L. Xio Code City City F. L | US | | c:—— | | | | _ | | | | | | |
| City & State City & State City & State City & State 4, FEI Number 65-0627314 Applied For Not Applied For | 2. Principal Place of Business | | 3. Ma | 3. Mailing Address | | | | | | | 1000 000 | | |
| The Country | Suite, Apt. #, etc. | | Suit | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| S. Name and Address of Current Registered Agent APELBOIM, DANNY 255 CODRINGTON DR LAUDERDALE BY THE SEA FL 33308 City File Stroet Address (FO, Box Number is Not Acceptable) City City City File City City City City File City City City City City City City City File City Ci | City & Stat | e | City | City & State | | | 4. | 4. FEI Number 65-0627314 | | | | | |
| APELBOIM, DANNY 255 COORSINGTON DR. LAUDERDALE BY THE SEA FL 33308 | Zip | Country | | Zip Cour | | itry | 5. | Certificate of Status Desired | | | | 7 | |
| APELBOIM, DANNY 2SS CODRINGTION DR. LAUDERDALE BY THE SEA FL 33308 City FL Zup code City FL Zup code 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 colligations or registered agent and registered agent age | | 6. Name and Address of Curre | ent Register | ed Agent | | <u> </u> | | | | | 1 | | |
| STEER ADDRESS (PLV). BIX NUTLEER'S NOT ACCEPTABLED IN THE SEA FL 33308 City FL Zip Code | | | | | Name | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered direc 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 private name of registered agent and shall applicable. (NOTE Registered Apent Signature recursor when investering) | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept state of logical contents of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept state of logical contents of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept state of logical contents of logical conte | LAUDERDALE BY THE SEA FL 33308 | | | | | | | | | | | | |
| SIGNATURE FILE NOW!!! FEE IS \$150.00 | • | | | | City | | | FL | Zip Cod | le | 1 | | |
| Signature, prote or primete harmer of registered appent and tilled apprilicients NOTE Registered Appent alignature required signature required when revisible Oxities | | | t for the purp | pose of changing its | s register | ed office or regist | ered ag | gent, or both, in the State of Florid | a. I am fa | miliar with, | and accept |] | |
| After May 1, 2003 Fee will be \$550.00 May Be Make Chev Payable to Florida Department of State 10. | SIGNATURE . | Signature, typed or printed name of registered as | gent and title if app | olicable. (NO | TE: Registere | d Agent signature requir | ed when r | einstating) | DATE | | | | |
| ARTER May 1, 2003 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE D | | | | | | <u>.</u> | | 9 Flection Campaign Finan | cina | \$ 5.0 | 10 Haii Ba | 1 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | , - | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N | 10. | 1",-" | ND DIRECTO | PRS | 11. | | AE | ODITIONS/CHANGES TO OFFICE | RS AND | DIRECTOR | S IN 11 |], | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | _ = = = = = = = = = = = = = = = = = = = | | | | | | | ☐ Change | Addition | | | |
| CITY-ST-ZIP LAUD. BY THE SEA FL 33308 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET | | | | | | · | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | i | | | | | | 8 | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP | TITLE | - | | ☐ Delete | TITLE | E | | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition | ١ | |
| CITY-ST-ZIP \$, | | | | | _ | | | | | 1, | | | |
| TITLE NAME SIREET ADDRESS CITY - ST- ZIP TITLE NAME SIREET ADDRESS CITY- ST- ZIP TITLE NAME NAME SIREET ADDRESS CITY- ST- ZIP TITLE NAME NAME SIREET ADDRESS CITY- ST- ZIP TITLE NAME SIREET ADDRESS CITY- ST- ZIP | | | | | | | | | | | - | | |
| NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP | | | | □ Doloto | | | —— | | | Change | Addition | 1 | |
| CITY-ST-ZIP | | | | L Delete | | 1 | | | | Onlingo | | 1 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS | | | | STRE | ET ADDRESS | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | CITY-ST-ZIP | **** | | | CITY | -ST-ZIP | | • | _ | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | · · | | | ☐ Delete | | | | | | ☐ Change | Addition Addition | 1 | |
| CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | | | | | | | | | | | | Į | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP | TITLE | <u></u> | —————————————————————————————————————— | Delete | TITLE | | | | | ☐ Change | Addition | 1 | |
| CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | NAME | | | | NAM | E | | | | _ ` | _ | İ | |
| TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | 1 - 1 - 1 | - | · · · · · · · · · · · · · · · · · · · | | | | erika | | - | ~ | | |
| NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP | | <u> </u> | • | | _ | | | | | | | - | |
| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | | 1 | | | | Unange | Addition | | |
| CITY-ST-ZIP CITY-ST-ZIP | 1 | | | | | i | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 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 repulfed 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. | 12. I hereby of indicated of the corrections | certify that the information supplied von this report or supplemental reporporation or the receiver or trustee er | with this filing rt is true and apowered to | does not qualify for accurate and that is execute this report for like emocyarists | r the exemy signate as require | mption stated in State in Stat | Section same 07, Flori | 119.07(3)(i), Florida Statutes. I fu legal effect as if made under oath ida Statutes; and that my name a | rther certing that I and pears in | ly that the in an officer Block 10 or | nformation or director r Block 11 if | 1 | |

SIGNATURE: