

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90083 007 \*\*\*150.00

**DOCUMENT # P96000008168**

**1. Entity Name**  
**GIGI'S TAVERN, INC.**

<b>Principal Place of Business</b> 333 W CAMINO GARDENS BLVD., SUITE 203 BOCA RATON FL 33432 US	<b>Mailing Address</b> 333 W CAMINO GARDENS BLVD., SUITE 203 BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b>	<b>City &amp; State</b>
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**4. FEI Number** **66-0634371**  **Applied For**  
 **Not Applicable**

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MINERLEY, KENNETH**  
**980 N. FEDERAL HWY**  
**STE 205**  
**BOCA RATON FL 33432**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	
<b>TITLE</b> DTSC <input type="checkbox"/> Delete	<b>NAME</b> BLASLAND, WARREN V JR.	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 333 W CAMINO GARDENS BLVD., SUITE 203	<b>CITY-ST-ZIP</b> BOCA RATON FL 33432	<b>NAME</b>	
<b>TITLE</b> ST <input checked="" type="checkbox"/> Delete	<b>NAME</b> BLASLAND, WARREN V JR.	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 333 W CAMINO GARDENS BLVD., SUITE 203	<b>CITY-ST-ZIP</b> BOCA RATON FL 33432	<b>NAME</b>	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> ELTZ, JOHN	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 137 MAPLE AVE APT 5	<b>CITY-ST-ZIP</b> CARLSBAD CA 92008	<b>NAME</b>	
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> ELTZ, JOHN	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 137 MAPLE AVENUE., APT 5	<b>CITY-ST-ZIP</b> CARLSBAD CA 92008	<b>NAME</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b> Karl Alterman	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>STREET ADDRESS</b> 346 Plaza Real	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b> Boca Raton, FL 33432	

**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:** \_\_\_\_\_ **Date** 3/5/01 **Daytime Phone #** 561 447 8869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)