

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90137 039 \*\*\*150.00

0902130 AV

DOCUMENT # **P96000008168**

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



Principal Place of Business  
**333 W CAMINO GARDENS BLVD., SUITE 203  
BOCA RATON FL 33432  
US**

Mailing Address  
**333 W CAMINO GARDENS BLVD., SUITE 203  
BOCA RATON FL 33432  
US**



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

**660834974**

**65-063  
4371**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINERLEY, KENNETH  
980 N. FEDERAL HWY  
STE 205  
BOCA RATON FL 33432**

Name

**Kenneth Minerley**

Street Address (P.O. Box Number is Not Acceptable)

**980 N. Federal Hwy**

**Ste 412**

City

**Boca Raton**

**FL**

Zip Code

**33432**

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

*[Handwritten Signature]*

**Kenneth L. Minerley**

**1-29-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DTS**  Delete  
NAME **BLASLAND, WARREN V JR.**  
STREET ADDRESS **333 W CAMINO GARDENS BLVD., SUITE 203**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **PD**  Delete  
NAME **ALTERMAN, KARL**  
STREET ADDRESS **333 W CAMINO GARDENS BLVD., SUITE 203**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **D**  Delete  
NAME **ELTZ, JOHN**  
STREET ADDRESS **1700 CLEVELAND ST #107**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

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

TITLE  Delete  
NAME  Delete  
STREET ADDRESS  Delete  
CITY-ST-ZIP  Delete

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

TITLE  Delete  
NAME  Delete  
STREET ADDRESS  Delete  
CITY-ST-ZIP  Delete

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

TITLE  Delete  
NAME  Delete  
STREET ADDRESS  Delete  
CITY-ST-ZIP  Delete

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

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 required 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.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/03**

Date

**561 447-8869**

Daytime Phone #

CR2E034 (10/02)