

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P96000013446

1. Entity Name
 NORSAN OF BOCA, INC.
 DBA BACKSTREET GRILLE
 W01-355

Principal Place of Business
 9101 LAKE RIDGE BLVD.
 BOCA RATON, FL 33496

Mailing Address
 40 ELLIOT ROTH, CPA P.A.
 2075 N. POWERLINE RD.
 SUITE 6
 POMPAÑO BEACH, FL 33069

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JAN 26 AM 9:25
 300003623323--4
 -02/01/01--01095--006
 ****150.00 ****150.00

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

DO NOT WRITE IN THIS SPACE
 07-07-99 90005 012 \$150.00

4. FEI Number
 65-067467

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

6. Name and Address of Current Registered Agent
 Jim Solomon, ESQ.
 1180 S. POWERLINE RD.
 SUITE 207-209
 POMPAÑO BEACH, FL 33069

7. Name and Address of New Registered Agent
 Name: BRIAN SESKIN
 Street Address (P.O. Box Number is Not Acceptable): 17032 NORTHWAY CIRCLE
 City: BOCA RATON FL Zip Code: 33496

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 *[Signature]* **DATE** 1-22-01

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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD SESKIN		NAME		
STREET ADDRESS	17032 NORTHWAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN SESKIN		NAME		
STREET ADDRESS	17032 NORTHWAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	TREASURER / SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOREEN SESKIN		NAME		
STREET ADDRESS	17032 NORTHWAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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]* **DATE** 1-22-01 **DAYTIME PHONE #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

20FZ

***Norsan of Boca Inc. dba
Backstreet Grille***
**9101 Lakeridge Blvd.
Boca Raton, Fl. 33496**

December 11, 2000

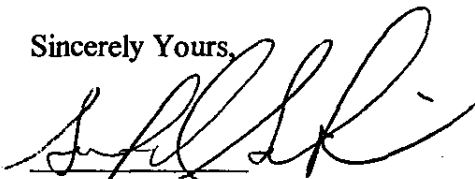
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Uniform Business Report Penalty

Dear Sirs/Madam,

This letter is being written in the hope of resolving the problem that has been brought to my attention. There is a penalty being held against the above company for not paying the second notice. We have not received any notice stating that additional monies were due from our company, therefore we should not be held liable for said money. We did send in the payment of \$150 which you will find a copy of the canceled check attached to this letter. If you have any questions or need any other information please contact me at (954) 977-0006.

Sincerely Yours,


Sanford Seskin