

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022597

1. Entity Name
RICKEY'S AT SILVER LAKES, INC.

Principal Place of Business
220 NW 180TH AVE
PEMBROKE PINES FL 33029
US

Mailing Address
220 NW 180TH AVE
PEMBROKE PINES FL 33029
US

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

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

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

STRIAR, MICHAEL P
3864 SHERIDAN STREET
HOLLYWOOD FL 33021

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

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

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, 2002 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

TITLE PD
NAME MITCHELL, WILLIAM J
STREET ADDRESS 4799 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE SD
NAME MITCHELL, BARBARA
STREET ADDRESS 4799 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE VP
NAME HARRINGTON, KAREN
STREET ADDRESS 4799 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE VP
NAME GREENE, JACK
STREET ADDRESS 4799 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

William J. Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-02 854 4419696

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90025 018 ***150.00

100334



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0653351 Applied For Not Applicable

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

0150410 AV

CR2E034 (9/01)