

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030388

1. Entity Name

CATTLEMAN'S REAL PIT B-B-Q, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90156 030 ***150.00

Principal Place of Business

5111-2 BAYMEADOWS RD
 JACKSONVILLE FL 32217

Mailing Address

5111-2 BAYMEADOWS RD
 JACKSONVILLE FL 32217-4860

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 26-5510969

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHALILI, MAURICE
 5111-2 BAYMEADOWS RD
 JACKSONVILLE FL 32217

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 *Maurice Khalili*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/2000
 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, 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 P ☒ Delete
 NAME SHAHOORI, MAHMOUD
 STREET ADDRESS 5111-2 BAYMEADOWS RD
 CITY-ST-ZIP JACKSONVILLE FL 32217

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

TITLE T ☐ Delete
 NAME KHALILI, MAURICE
 STREET ADDRESS 5111-2 BAYMEADOWS RD
 CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☒ Change ☐ Addition
 NAME President
 STREET ADDRESS Maurice Khalili
 CITY-ST-ZIP

TITLE S ☐ Delete
 NAME KHALILI-ARABI, MIRAS
 STREET ADDRESS 5111-2 BAYMEADOWS RD
 CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☒ Change ☐ Addition
 NAME Treasurer
 STREET ADDRESS Miras Khalili - Arabi
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Secretary
 STREET ADDRESS Tamara Sharifai
 CITY-ST-ZIP 5111-2 Baymeadows Rd.
 Jacksonville, FL 32217

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Maurice Khalili*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2000 (904) 367-8200