

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 26, 2000 8:00 am  
Secretary of State

07-26-2000 90016 008 \*\*\*150.00

DOCUMENT # P96000039657

1. Entity Name

MANGROVES BAR & GRILL, INC.

R

Principal Place of Business

208 SOUTH HOWARD AVENUE  
TAMPA FL 33606

Mailing Address

208 SOUTH HOWARD AVE  
TAMPA FL 33606  
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

59-3376464

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

SARANTOS, PETE  
350 FOREST PARK RD.  
OLDSMAR FL 34677

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 business 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 SARANTOS, PETE  
STREET ADDRESS 350 FOREST PARK RD  
CITY-ST-ZIP OLDSMAR FL 34677

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

TITLE CM ☐ Delete  
NAME SHAH, SAJJAD  
STREET ADDRESS 607 FATHOM CT  
CITY-ST-ZIP TAMPA FL 33602

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

TITLE VT ☐ Delete  
NAME HUDSON, LAWRENCE L  
STREET ADDRESS 601 S OREGON AVE APT E  
CITY-ST-ZIP TAMPA FL 33606

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

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: 

SIGNATURE AND FULL OR PARTIAL NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

CR2E034 (5/00)

**M**angrovesBar & Grill  
////////////////////

Dear Sir,  
Since we had a change of Address I  
did not receive the first notice. Since  
then I called up your office and explained  
to a gentleman that my first notice did  
not arrive due to a change of Address.  
He told me to write that in a letter  
and mail it along with the return  
(second notice) and a check for \$150,  
which I have enclosed. I have also had  
the address changed to the one below  
and hopefully will always be on time  
in the future. Best Regards

Sam Shah



Mangroves 208 S. Howard Ave  
1 and 1/2 blocks S. of Kennedy 258-3302