

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90098 012 ***150.00

DOCUMENT # P96000039657

1. Entity Name

MANGROVES BAR & GRILL, INC.

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

208 SOUTH HOWARD AVE

3. Mailing Address

208 SOUTH HOWARD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33606

Country

HILLSBOROUGH

Zip

33606

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

**SARANTOS, PETE
 350 FOREST PARK RD.
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name **SAJJAD SHAH**

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

3601 MORRISON AVE

City **TAMPA**

FL

Zip Code **33629**

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	SARANTOS, PETE	
STREET ADDRESS	350 FOREST PARK RD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	CM	<input type="checkbox"/> Delete
NAME	SAH, SAJJAD	
STREET ADDRESS	607 FATHOM CT	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HUDSON, LAWRENCE L	
STREET ADDRESS	601 S OREGON AVE APT E	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAJJAD, SHAH	
STREET ADDRESS	3601 MORRISON AVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAJJAD SHAH 19.01.01 813.2583302

CR2EN34 (10-99)