

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048338

1. Entity Name

SMOKY GRILL, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90217 019 \*\*\*150.00

Principal Place of Business

9655 W FLAGLER STREET  
MIAMI FL 33174  
US

Mailing Address

9655 W FLAGLER STREET  
MIAMI FL 33174  
US

2. Principal Place of Business

3. Mailing Address

370 SW 181 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines - FL

Zip

Country

Zip

Country

33029

USA

4. FEI Number 65-0677154

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

ISRAELI, AHSAN  
95610 FONTAINEBLEAU BLVD #109  
MIAMI FL 33172

Name ISRAELI, AHSAN

Street Address (P.O. Box Number is Not Acceptable)  
370 SW 181 WAY

City PEMBROKE PINES

FL

Zip Code

33029

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]

4-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
NAME ISRAELI, AHSAN  
STREET ADDRESS 10300 SW 147CT CR #30  
CITY-ST-ZIP MIAMI FL

TITLE PT ☒ Change ☐ Addition  
NAME ISRAELI, AHSAN  
STREET ADDRESS 370 SW 181 WAY  
CITY-ST-ZIP PEMBROKE PINES, FL - 33029

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  
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TITLE ☐ Change ☐ Addition  
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 (954) 442-7888

0219420

CR2E034 (10/00)