

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077951

1. Entity Name
RESTAURANT STRATEGIES, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90036 034 ***158.75

Principal Place of Business Mailing Address
1185 SE 14TH TERRACE 1185 SE 14TH TERRACE
1108 1108
MIAMI FL 33131 MIAMI FL 33136-1050
US US

2. Principal Place of Business 3. Mailing Address
185 SE 14th terrace 185 SE 14 terrace
Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt # 1108 Apt # 1108
City & State City & State
Miami, FL Miami, FL
Zip Country Zip Country
33131 DADE 33131 DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0696242 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

LIMAN, CRAIG
2451 BRICKELL AVE.
STE 6T
MIAMI FL 33129

Name Craig Liman
Street Address (P.O. Box Number, if Not Applicable) 185 SE 14 terrace Apt 1108
City Miami, FL 33131
Zip Code 33131

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 *Craig Liman President*
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD LIMAN, CRAIG 185 SE 14TH TERRACE 1108 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIMAN AKIKO 185 SE 14TH TERRACE 1108 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Craig Liman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 305-379-5703
Date Daytime Phone #

CR2E034 (9/99)