

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91115 027 \*\*\*150.00

**DOCUMENT # P96000077951**

1. Entity Name

**RESTAURANT STRATEGIES, INC.**

Principal Place of Business

**185 SE 14TH TER  
 1108  
 MIAMI FL 33131  
 US**

Mailing Address

**185 SE 14TH TER  
 1108  
 MIAMI FL 33131  
 US**

2. Principal Place of Business

**926 S.W. 10TH AVENUE**

3. Mailing Address

**926 S.W. 10TH AVENUE**

Suite, Apt., etc.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL 33130**

City & State  
**MIAMI, FL 33130**

4. FEI Number **65-0696242**

Applied For  
 Not Applicable

Zip Country

Zip Country

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  
 185 SE 14 TERR  
 APT 1108  
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**926 S.W. 10TH AVENUE**

City  
**MIAMI**

FL

Zip Code  
**33130**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
 NAME **LIMAN, CRAIG**  
 STREET ADDRESS **185 SE 14TH TERRACE 1108**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **926 S.W. 10TH AVENUE**  
 CITY-ST-ZIP **MIAMI, FL 33130**

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  
 NAME  
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 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 reports 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

**CRAIG LIMAN, PRESIDENT**

**4/19/01**

Date

Daytime Phone #

CR2E034 (10/00)