

2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 039 ***150.00

DOCUMENT # P97000016439
1. Entity Name
NICK'S LOBSTER RESTAURANT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4613 UNIVERSITY DR		3. Mailing Address 3111 N. UNIVERSITY DR	
Suite, Apt. #, etc. #218		Suite, Apt. #, etc. #720	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33067	Country BROWARD	Zip 33065	Country BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0823231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	LAWRENCE KUPFER
	Street Address (P.O. Box Number is Not Acceptable)	1700 UNIVERSITY DRIVE
	City	CORAL SPRINGS, FL 33071

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 _____ (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. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROSA, NICHOLAS 4613 UNIVERSITY DRIVE CORAL SPRINGS, FL 33067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  NICHOLAS ROSA, PRESIDENT 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #