

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 8:00 am
Secretary of State

06-15-2005 90095 025 ***150.00

DOCUMENT # P97000016439

1. Entity Name

NICK'S LOBSTER RESTAURANT, INC.



Principal Place of Business

**4613 UNIVERSITY DRIVE
218
CORAL SPRINGS, FL 33067**

Mailing Address

**3111 N UNIVERSITY DR
720
CORAL SPRINGS, FL 33065**

66025780



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**LAWRENCE KUPFER
1700 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
ROSA, NICHOLAS
4613 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

Nicholas Rosa

Date

Daytime Phone #

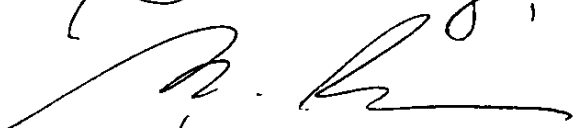
12/29/05

ATTACHMENT
Nick's Lobster Restaurant, Inc.
66025780
Ref. # P97000016439

To Whom it may Concern:

On reference to the late fee that I am being assessed, I did not receive notice to file and would like the late fee to be waived. I have attached a copy of your letter to me.

Thank you for your anticipated cooperation. I look forward to hearing from you. (917) 860-7349

Sincerely,

Nick Rosa

ATTACHMENT

66025780
P97000016439



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



1800 U.S. POSTAGE PR3590927
3941 00.370 JUL 01 2005
3434 MAILED FROM ZIP CODE 33060

NOTICE OF INTENT TO DISSOLVE

Imperial

NICKS LIVE LOBSTER, INC.
4613 UNIVERSITY DRIVE #218
CORAL SPRINGS, FL 33067

(?)

*P.S.
Is
This
Taken
Care
of
??*

33067+4602

OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # P87000016439

NICK'S LOBSTER RESTAURANT, INC.
3111 N UNIVERSITY DR
720
CORAL SPRINGS FL 33065-5099

