

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050828

1. Entity Name

EMERALD COAST RESTAURANT AVENTURA, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90022 024 \*\*\*150.00

Principal Place of Business

Mailing Address

4519 N PINE ISLAND ROAD  
SUNRISE FL 33351

4519 N PINE ISLAND ROAD  
SUNRISE FL 33351-5321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0759995**

Applied For

Not Applied For

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

GARELLEK, STEVEN  
7000 W PALMETTO PARK ROAD STE 400  
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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

TITLE ☐ Delete

NAME **P WILLIAMS, DAVID**  
STREET ADDRESS **808 NW 108 AVE**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete

NAME **VP CHIN, RICHARD**  
STREET ADDRESS **4519 N PINE ISLAND RD**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete

NAME **ST HUANG, CHAO-JUEI**  
STREET ADDRESS **2077 NW 8 CT.**  
CITY-ST-ZIP **PLANTATION FL 33071**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

NAME **4519 N. Pine Island Road**  
STREET ADDRESS **Sunrise FL 33351**  
CITY-ST-ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

NAME **4519 N. Pine Island Road**  
STREET ADDRESS **Sunrise FL 33351**  
CITY-ST-ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/07/2000** **954-572-382**  
Date Daytime Phone #