

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

[2002-Amended]

DOCUMENT # P97000058006

1. Entity Name

OVO Restaurant, Inc.

FILED

02 JUN 17 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

401 S E Mizner Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

#67

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number

59-3455060

Applied For

Not Applicable

Zip

33432

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Abbar Bitar

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

401 E Mizner Blvd #67

City

Boca Raton

FL

Zip Code

33432

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) ☐

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. ☐

\$5.00 May Be  
Added to Fees

**OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D, P Abbas Bitar	401 S E Mizner Blvd #67	Boca Raton, FL 33432
	D, VP NAJI KOUKA	401 S.E. MIZNER BLVD #67	BOCA RATON, FL-33432

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #