

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90793 005 ***150.00

DOCUMENT # **P9800000 9528**

1. Entity Name

Rocky's CHEESESTEAKS & CHEESEBURGERS, INC.

Principal Place of Business

Mailing Address

7401 COLLINS AVE
MIAMI BEACH, FL 33141

7401 COLLINS AVE
MIAMI BEACH, FL 33141

2. Principal Place of Business

3. Mailing Address

1250 E. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.
SUITE 1004

Suite, Apt. #, etc.
SUITE 1004

City & State
HALLANDALE, FL

City & State
HALLANDALE, FL

Zip
33009

Country
USA

Zip
33009

Country
USA

4. FEI Number
65-0846977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

553096

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARK FENTON
7401 COLLINS AVE
MIAMI BEACH, FL 33141

Name **MARK FENTON**
Street Address (P.O. Box Number is Not Acceptable)
1250 E. HALLANDALE BEACH BLVD.
SUITE 1004
City **HALLANDALE** FL Zip Code **33009**

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 **MARK FENTON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/01

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK FENTON 7401 COLLINS AVE MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK FENTON 1250 E. HALLANDALE BEACH BLVD. SUITE 1004 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARK FENTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/01 **954-457-0970**

Date

Daytime Phone #

CR2E034 (11/00)