

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017386

1. Entity Name

S.T & D RESTAURANTS, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90412 047 ***150.00

Principal Place of Business

Mailing Address

8242 WILES ROAD
CORAL SPRINGS FL 33067

8242 WILES ROAD
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

2201 E ATLANTIC BLVD
Suite, Apt. #, etc.

2201 E ATLANTIC BLVD
Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

Country

33062

Zip

Country

33062

4. FEI Number

65-0814660

Applied For

Not Applicable

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

JENNINGS, EDWARD J
200 SE 18 COURT
FT LAUDERDALE FL 33316

Name

~~JOHN J. FLETCHER, CPA~~ Fred Hoffmeyer

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

~~9505 GRIFFIN ROAD~~ 5101 NW 21st Ave

FT LAUDERDALE FL

City

COOPER CITY

FL

Zip Code

33309

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

Robert J. Fletch (NOTE: Registered Agent signature required when reinstating)

2/28/01
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, 2001- Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSA, STEVE
8242 WILES ROAD
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2201 E. ATLANTIC BLVD
POMPANO BEACH, FL 33062

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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

3-21-01

Date

954-252-0536

Daytime Phone #

CR2E034 (10/00)