

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000026140

1. Corporation Name

BOBBY RUBINO'S RIBS ON THE RUN, INC.

Principal Place of Business

2485 E SUNRISE BLVD. STE 202
FORT LAUDERDALE FL 33304

Mailing Address

2485 E SUNRISE BLVD. STE 202
FORT LAUDERDALE FL 33304

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 1990 E SUNRISE BLVD

27 Suite, Apt. #, etc.

28 FT. LAUDERDALE, FL

29 33304 30 USA

9. Name and Address of Current Registered Agent

GALGANO, FRANK
2485 E SUNRISE BLVD, STE 202
FORT LAUDERDALE FL 33304

3. Date Incorporated or Qualified

03/19/1998

4. FEI Number

59-3503766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes No

10. Name and Address of New Registered Agent

81 Name STUART ENGSTROM

82 Street Address (P.O. Box Number is Not Acceptable)
1990 E SUNRISE BLVD

83

84 City FT LAUDERDALE FL 85 Zip Code 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stuart Engstrom*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME GALGANO, FRANK
STREET ADDRESS 1990 E SUNRISE BLVD
CITY-ST-ZIP SUNRISE FL 33304

TITLE D
NAME CASTELLANO, PAUL
STREET ADDRESS 1990 E SUNRISE BLVD
CITY-ST-ZIP SUNRISE FL 33304

TITLE D
NAME CASTELLANO, JOSEPH
STREET ADDRESS 1990 E SUNRISE BLVD
CITY-ST-ZIP SUNRISE FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

Date

954-763-9871

Daytime Phone #

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90175 019 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)