

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90209 004 ***150.00

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1. Entity Name
NEW HMS STEAKHOUSE OF ALTAMONTE, INC.



Principal Place of Business
4744 NORTH DALE MABRY
TAMPA, FL 33614

Mailing Address
4744 NORTH DALE MABRY
TAMPA, FL 33614

94073447



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3517124

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

HOLLIDAY, RONALD ESQ
PIPER RUDNICK, LLP
101 E KENNEDY BLVD., SUITE 2000
TAMPA, FL 33602-5149

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SELTZER, HAROLD J
STREET ADDRESS 4806 CULBREATH ISLES WAY
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME SELTZER, MICHAEL
STREET ADDRESS 4744 N DALE MABRY
CITY-ST-ZIP TAMPA, FL 33614

TITLE D & P & T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP & AS ☐ Change ☒ Addition
NAME Hyman Bloom
STREET ADDRESS 4770 Kent Avenue, Suite 100
CITY-ST-ZIP Montreal, Quebec CANADA H3W 1H2

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME Richard Dubrovsky
STREET ADDRESS 4770 Kent Avenue, Suite 214
CITY-ST-ZIP Montreal, Quebec CANADA H3W 1H2

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Seltzer

President

Date

Daytime Phone #

813-873-7267