

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000096683**

1. Entity Name  
**Florida Restaurant Management, Inc.**

Principal Place of Business  
**2255 Glades Rd.  
Suite 128A  
Boca Raton, FL 33431**

Mailing Address  
**2300 Glades Rd  
Suite 450-West  
Boca Raton, FL  
33431**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

## 6. Name and Address of Current Registered Agent

**Larry Schwartz  
2300 Glades Rd.  
Suite 450 West  
Boca Raton, FL 33431**

4. FEI Number  
**650877416**

Applied For  
Not Applicable

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

## 7. Name and Address of New Registered Agent

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.

SIGNATURE  **Larry Schwartz** **5/5/00**  
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) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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**

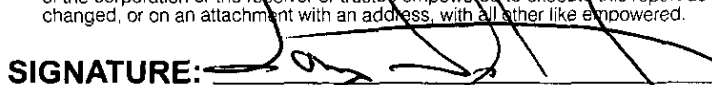
## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>Larry Schwartz</b>	<b>2300 Glades Rd Suite 450-West</b>	<b>Boca Raton, FL 33431</b>	
	<b>D</b>			
	<b>Alex Kaviany</b>	<b>2255 Glades Road, Suite 128A</b>	<b>Boca Raton, FL 33431</b>	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:  **Larry Schwartz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-6-2000** Daytime Phone # **561-994-2201**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90961 038 \*\*\*150.00

**A3061134**

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)