

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90001 004 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000101064**

1. Corporation Name

TIME SQUARE DELI, INC.



Principal Place of Business

Mailing Address

5365 FISHER ISLAND DRIVE
MIAMI FL 33109

5365 FISHER ISLAND DRIVE
MIAMI FL 33109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

65-0880123

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. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **685 WASHINGTON AV**

26 **685 WASHINGTON AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **MIAMI BEACH FLA**

28 **MIAMI BEACH FLA**

Zip

Country

Zip

Country

24 **33139**

25 **USA**

29 **33139**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, MARY
46 S.W. FIRST STREET, 4TH FLOOR
MIAMI FL 33130

81 Name

ELLIOTT J. GELFAND

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

10691 N KENDALL DR

83

SUITE 311

84 City

MIAMI

FL

85 Zip Code **33196**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **GONZALEZ, MARY**
STREET ADDRESS **46 S.W. FIRST STREET, 4TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **GEOFF SHALTEL**
1.3 STREET ADDRESS **5365 FISHER ISLAND DR.**
1.4 CITY-ST-ZIP **FISHER ISLAND FL 33109**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **HANVELA SHALTEL**
2.3 STREET ADDRESS **5365 FISHER ISLAND DR.**
2.4 CITY-ST-ZIP **FISHER ISLAND FL 33109**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

305 538 8400

Date

Daytime Phone #

CR2E034 (5/99)