

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104346

1. Entity Name

O'MALLEY'S OCEAN PUB, INC.

FILED

00 DEC -8 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

101 N. OCEAN BLVD., SUITE 213
HOLLYWOOD FL 33019

Mailing Address

101 N. OCEAN BLVD., SUITE 213
HOLLYWOOD FL 33019

2. Principal Place of Business

101 N. Ocean Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33019

Country

USA

Zip

33019

Country

USA

4. FEI Number

65-0881735

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TUDZAROV & GREENBERG, P.A.
345 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name Steven Friedman ESQ.
Street Address (P.O. Box Number is Not Acceptable)
LAW OFFICES OF STEVEN FRIEDMAN
235 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FLORIDA 33024
City FL Zip Code 33024

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

Steven Friedman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/1/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSD ☐ Delete
NAME MCMANUS, MICHAEL
STREET ADDRESS 101 N. OCEAN BLVD., SUITE 213
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE VTD ☐ Delete
NAME KORNITZER, THOMAS
STREET ADDRESS 101 N. OCEAN BLVD., SUITE 213
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

THOMAS KORNITZER VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/00

Daytime Phone #

567-482-2324

CR2E034 (5/00)