

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90243 006 ***150.00

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DOCUMENT # P99000007389

1. Entity Name

HEALTHY BITES GRILL, INC.



Principal Place of Business
**275 COMMERCIAL BLVD., STE 260
FORT LAUDERDALE FL 33308**

Mailing Address
**275 COMMERCIAL BLVD., STE 260
FORT LAUDERDALE FL 33308**

80104245



2. Principal Place of Business

1761 W. Hillsboro Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

City & State

City & State

Deerfield Bch Ft.

4. FEI Number **65-0890810**

Applied For

Not Applicable

Zip

Country

Zip

Country

33442

USA

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

SATORI, BRUNO

**275 COMMERCIAL BLVD., STE 260
FORT LAUDERDALE FL 33308**

Name

Marco D'Alonzo

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

1761 W. Hillsboro Blvd.

Suite 203

City

Deerfield Bch

FL

Zip Code

33442

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 **Marco D'Alonzo**

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☐ Delete
NAME **D'ALONZO, MARCO**
STREET ADDRESS **275 COMMERCIAL BLVD., STE 260**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition
NAME **D'Alonzo, Marco**
STREET ADDRESS **1761 W. Hillsboro Blvd. S-203**
CITY-ST-ZIP **Deerfield Bch FL 33442**

TITLE **PSD** ☐ Delete
NAME **BAKER, DOUGLAS**
STREET ADDRESS **275 COMMERCIAL BLVD., STE 260**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition
NAME **Baker, Douglas**
STREET ADDRESS **1761 W. Hillsboro Blvd. S-203**
CITY-ST-ZIP **Deerfield Beach FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 empowered.

SIGNATURE: **Marco D'Alonzo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

954-570-5900
Daytime Phone #

CR2E034 (10/02)