

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018853

1. Entity Name

MEL'S-SAN CARLOS, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-09-2000 90093 033 ***150.00

Principal Place of Business

Mailing Address

C/O CREATIVE RESTAURANT MANAGEMENT CO.
 5150 TAMiami TRAIL NO SUITE 201
 NAPLES FL 34109

C/O CREATIVE RESTAURANT MANAGEMENT CO.
 5150 TAMiami TRAIL NO SUITE 201
 NAPLES FL 34109-2818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3577657

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NAPLES-LAWDOCK, INC.
 4501 TAMiami TRAIL N
 SUITE 300
 NAPLES FL 34103

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D-P-S-T ☐ Delete
 NAME KAL
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D-P-S-T ☐ Change ☒ Addition
 NAME KARAKOSTA, CHAS J.
 STREET ADDRESS 5150 TAMiami TRAIL, N # 201
 CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D-V-P ☐ Change ☒ Addition
 NAME VANAS, JAMES
 STREET ADDRESS 5150 TAMiami TRAIL, N. # 201
 CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

(941) 403-8933

Date

Daytime Phone #

CR2E034 19/99