2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900018853 1. Entity Name MEL'S-SAN CARLOS, INC.						FILED May 01, 2001 08:00 AM Secretary of State				
	e of Business E restaurant management co. I trail no suite 201 FL	Mailing Address C/O CREATIVE RESTAURANT MANAGEMENT CO. 5150 TAMIAMI TRAIL NO SUITE 201 NAPLES FL 34109								
2. Principal Pi	lace of Business	3. Mailing Address 2180 IMMOKALEE ROAD								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State NAPLES FL		City & State NAPLES		FL		FEI Number 0-357765 7			oplied For ot Applicable]
Zip 34110	Country	Zip 34110	Count	try	5. (Certificate of Status Desired		8.75 Adde Require		
	6. Name and Address of Current	Registered Agent	_		7. 1	Name and Address of Nev				1
NAPLES-LA	AWDOCK, INC.			Name						
4501 TAMIAMI TRAIL N SUITE 300				Street Add	dress (P.O. B	ox Number is Not Accepta	ble)			1
NAPLES		FL	İ							1
34103	US		-	City			FL	Zip Cod	le	1
8. The above	named entity submits_this statement for	or the purpose of changing its r	egistere	ed office or n	egistered ag	ent, or both, in the State of				1
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signature	e required when re	instaling)	- 05/01/2	001		-
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!! After MAY 1, 200 Make Check Payabl	1 Fee	will be \$55	0.00	10. Election Campaign Trust Fund Contribu		\$5.0 Added	0 May Be d to Fees	4
11.	OFFICERS AND		12.			DITIONS/CHANGES TO C			S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JAMES VANAS 5150 TAMIAMI TRAIL N #201 NAPLES	☐ Delete		ET ADDRESS		VANAS MIAMI TRAIL		Change	Addition	034 (11/00
TITLE	DPST	☐ Delete	TITLE	ST-ZIP	SAN CARLO	US		3908		
NAME STREET ADDRESS CITY-ST-ZIP	KARAKOSTA CHRIS J 5150 TAMIAMI TRAHL N #201 NAPLES	FL 34103	NAME STREE	·	KARAKOST	TA CHRIS J OKALEE ROAD, SUITE 316		Change	Addition	CR26
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					[_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				·] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Ε	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					С	Change	Addition	
of the corp	tertify that the information supplied wit on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address, URE:Chris.J. Karakosta	s true and accurate and that my owered to execute this report a	v sinnati	i ire enali hav	ia tha coma i	iegal effect as if made unde da Statutes; and that my na	ar aath, that I am	no officer	or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR