

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019600

1. Entity Name
HOGWILD MOBILE BAR-B-QUE SPECIALTIES, INC.FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90945 010 ***150.00

0346022 AV



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9351 N.W. 39TH COURT SUNRISE FL 33351		Mailing Address 9351 N.W. 39TH COURT SUNRISE FL 33351	
2. Principal Place of Business 455 SW 60 Ave		3. Mailing Address 455 SW 60 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City, State Plantation FLA		City & State Plantation FLA	
Zip 33317	Country USA	Zip 33317	Country USA
4. FEI Number 65-0907097		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, DAVID E 20700 WEST DIXIE HIGHWAY SUITE 100 NORTH MIAMI BEACH FL 33180		7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARENGO, MICHAEL 9351 N.W. 39TH COURT SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BISHOP, DALE 26 COTTAGE LANE NORTON MA 02766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		3-25-02 9543250995	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/01)