

2000 UNIFORM BUSINESS REPORT (UBR)

4/3/1

FILED
May 08, 2000 8:00 am
Secretary of State

04-03-2000 90181 013 ***150.00

DOCUMENT # P99000025025

1. Entity Name

MY FIRST RESTAURANT, INC.

Principal Place of Business

Mailing Address

C/O SAVIOR MANAGEMENT, INC.
 10026 SPANISH ISLES BLVD BAY 16/17
 BOCA RATON FL 33498

C/O SAVIOR MANAGEMENT, INC.
 10026 SPANISH ISLES BLVD BAY 16/17
 BOCA RATON FL 33498-6380

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

Applied For

Not Applicable

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

PITO, FRANK JR
SALS CORPORATE
10026 SPANISH ISLES BLVD B16 & B17
BOCA RATON FL 33498

Name **DAVID Kufperman**
 Street Address (P.O. Box Number is Not Acceptable) **10026 Spanish Isles Blvd**
B16-B17
 City **Boca Raton** FL Zip Code **33498**

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 date 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 NAME STREET ADDRESS CITY-ST-ZIP | President DAVID Kufperman 10026 Spanish Isles Blvd BOCA RATON FL 33498 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

DAVID Kufperman - 3/22/02

Date Daytime Phone #

5614703395

CR2E034 (9/99)