

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91181 007 ***150.00

DOCUMENT # P99000027650



1. Entity Name
SRO RESTAURANT MANAGEMENT, INC.

Principal Place of Business
MANDEL WEISMAN & KIRSCHNER, P.A.
2101 CORPORATE BLVD SUITE 300
BOCA RATON FL 33431

Mailing Address
MANDEL WEISMAN & KIRSCHNER, P.A.
2101 CORPORATE BLVD SUITE 300
BOCA RATON FL 33431



2. Principal Place of Business
7036 W. Palmetto Park Road
Suite, Apt. #, etc.

3. Mailing Address
7036 W. Palmetto Park Road
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-0848152**

Applied For
Not Applicable

Zip **33431**
Country **USA**

Zip **33431**
Country **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

HODGSON, RUSSEL P
1801 N. MILITARY TRAIL, STE. 200
BOCA RATON FL 33431

Name **MITCHELL B. KIRSCHNER**
Street Address (P.O. Box Number is Not Acceptable)
c/o Hodgson Russ LLP
1801 N. Military Trail, Suite 200
City **Boca Raton,** **FL** **Zip Code** **33431**

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DONOVAN, PETER	
STREET ADDRESS	7036 W PALMETTO PARK RD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KIRLAND, ROBERT A	
STREET ADDRESS	350 W COPANS RD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIRSCHNER, MITCHELL B	
STREET ADDRESS	2101 CORPORATE BLVD STE 300	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL B. KIRSCHNER	
STREET ADDRESS	1801 N. MILITARY TRAIL, SUITE 200	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** **MITCHELL B. KIRSCHNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)