

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035238

1. Entity Name

ISLANDS IN THE PINES RESTAURANT, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90041 010 ***163.75

Principal Place of Business

661 NW 156 AVE
PEMBROKE PINES FL 33028

Mailing Address

661 NW 156 AVE
PEMBROKE PINES FL 33028-1521

2. Principal Place of Business

162 N. University Dr.
Suite, Apt. #, etc.

3. Mailing Address

661 NW 156 AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number

263-99-9635

Applied For

Not Applicable

Zip

33024

Country

BROWARD

Zip

33024

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYN, CHELETA D
661 NW 156 AVE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

LYN, CHELETA D.

Street Address (P.O. Box Number is Not Acceptable)

661 N.W. 156 Ave

City

Pembroke Pines

FL

Zip Code

33028

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

CHELETA D. LYN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registration)

DATE

1/5/00

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LYN, CHELETA D
STREET ADDRESS 661 NW 156 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE VD
NAME LYN, DEAN N
STREET ADDRESS 661 NW 156 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE STD
NAME SUN, HUGH P
STREET ADDRESS 661 NW 156 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~STD~~
NAME LYN, CHELETA D.
STREET ADDRESS 661 NW 156 AVE
CITY-ST-ZIP Pembroke Pines ☐ Change ☒ Addition

TITLE VD
NAME LYN, DEAN N.
STREET ADDRESS 1921 HIBISCUS LANE
CITY-ST-ZIP Maitland FL 32751 ☒ Change ☐ Addition

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

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

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

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

Cheleta Lyn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
Date

954-431-7600
Daytime Phone #

CR2E034 (9/99)