

Amend

**PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000035238

1. Entity Name

ISLANDS IN THE PINES RESTAURANT INC.



FILED

03 APR 30 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

162 N University Dr.

Suite, Apt. #, etc.

3. Mailing Address

162 N University Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

4. FEI Number

65-0914747

Applied For

Not Applicable

Zip
33024

Country
BROWARD.

Zip
33024

Country
BROWARD

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHELETA D. LYN

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

661 NW 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cheleta D. Lyn
Signature, typed or printed name of registered agent and title if applicable.

Treasurer
(NOTE: Registered Agent signature required when reinstating)

CHELETA D. LYN

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
SABRINA M. Lue.
380 misty Oaks Run.
cassellberry FL 32707.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900016333549
04/21/03--01052--001 **35.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
SABRINA M. Lue.
380 misty Oaks Run.
Cassellberry FL 32707.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900016333549
04/21/03--01052--002 **35.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CHELETA D. LYN
661 NW 156 Ave
Pembroke Pines FL 33028

TITLE
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STREET ADDRESS
CITY-ST-ZIP
DO NOT WRITE
IN THIS SPACE

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

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

4/28/03 954-431-7600
Date Daytime Phone #

CR2E034B (12/02)