

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046652

1. Entity Name

ROOKIES SPORTSGRILLE & ALE, INC.

Principal Place of Business

1926 SW IDAHO LN.
PORT SAINT LUCIE FL 34953

Mailing Address

1926 SW IDAHO LN.
APARTMENT 1
PORT SAINT LUCIE FL 34953

2. Principal Place of Business

423 South Federal Highway
Suite, Apt. #, etc.

3. Mailing Address

524 St. Lucie Crescent
Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart FL

Zip

34994

Country

USA

Zip

34994

Country

USA

6. Name and Address of Current Registered Agent

PEREZ, ERNIE
1926 SW IDAHO LN.
PORT SAINT LUCIE FL 34953

7. Name and Address of New Registered Agent

Name: Ernie Perez
Street Address (P.O. Box Number is Not Acceptable): 524 St. Lucie Crescent
Apt #109
City: Stuart FL Zip Code: 34994

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: Ernie Perez Ernie Perez - President 5/1/01
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PEREZ, ERNIE	
STREET ADDRESS	1926 SW IDAHO LN.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	PEREZ, KATHLEEN	
STREET ADDRESS	1926 SW IDAHO LN.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernie Perez	
STREET ADDRESS	524 St. Lucie Crescent Apt. #109	
CITY-ST-ZIP	Stuart FL 34994	
TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Perez	
STREET ADDRESS	524 St. Lucie Crescent Apt. #109	
CITY-ST-ZIP	Stuart FL 34994	
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		

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: Ernie Perez Ernie Perez - President 5/1/01 361-781-6367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91071 008 ***158.75

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0922066 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E034 (10/00)