

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000059542**

1. Entity Name

BAR MANAGEMENT GROUP, INC.**FILED****Apr 27, 2000 8:00 am**
Secretary of State

02-08-2000 90014 001 ***900.00

Principal Place of Business

Mailing Address

**NATIONSBANK TOWER SUITE 2612
ONE FINANCIAL PLAZA
FT LAUDERDALE FL 33394****NATIONSBANK TOWER SUITE 2612
ONE FINANCIAL PLAZA
FT LAUDERDALE FL 33394-0002**

2. Principal Place of Business

3. Mailing Address

101 S. STATE Rd 7**101 S. STATE Rd 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205**205**

City & State

City & State

Hollywood FL**Hollywood FL**

Zip

Zip

Country

Country

33023 USA**33023 USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTHSTEIN, SCOTT W ESQ
NATIONSBANK TOWER SUITE 2612
ONE FINANCIAL PLAZA
FT LAUDERDALE FL 33394**

Name

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

City

FL

Zip Code

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 title 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	DP	<input type="checkbox"/> Delete
NAME	DELANEY, JOE	
STREET ADDRESS	201 PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, GERARD	
STREET ADDRESS	101 S. STATE Rd 7 SUITE 205	
CITY-ST-ZIP	Hollywood FL 33023	

TITLE	DVST	<input type="checkbox"/> Delete
NAME	CAPUTI, STEVE	
STREET ADDRESS	3164 LAMARAGE DR	
CITY-ST-ZIP	LAUDERHILL FL 33319	

TITLE	VSTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTI, STEPHEN J.	
STREET ADDRESS	101 S. STATE Rd 7 SUITE 205	
CITY-ST-ZIP	Hollywood FL 33023	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen J. Caputi 1-22 00 954-907-8111