

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059542

1. Entity Name

BAR MANAGEMENT GROUP, INC.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90099 012 \*\*\*150.00

0109361

Principal Place of Business

101 S. STATE RD 7  
205  
HOLLYWOOD FL 33023

Mailing Address

101 S. STATE RD 7  
205  
HOLLYWOOD FL 33023

606990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0929008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Scott W. Rothstein  
Street Address (P.O. Box Number is Not Acceptable)  
Phillips, Eisinger, Koss et Al  
4000 Hollywood Blvd. Suite 2655  
City Hollywood FL Zip Code 33021

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, 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 checked="" type="checkbox"/> Delete
NAME	DELANEY, JOE	
STREET ADDRESS	201 PALM AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	CAPUTI, STEVE	
STREET ADDRESS	3164 LAMARAGE DR	
CITY-ST-ZIP	LAUDERHILL FL 33319	
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	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caputi, Steve	
STREET ADDRESS	101 S. STATE Rd 7 SUITE 205	
CITY-ST-ZIP	Hollywood FL 33023	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)