FROM : D L B PHONE NO. : 9544521271

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90062 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072881

1. Entity Name
LEFTY'S TAVERN & GRILLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11300 STATE RD 84	7301 NW 4th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	#107
City & State: DAVIE FL	City & State: Plantation
Zip: 33325 Country: Broward	Zip: 33317 Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0989472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BYRON BROWN

Street Address (P.O. Box Number is Not Acceptable): 7301 NW 4th Street, #107

City: Plantation FL Zip Code: 33317

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: Byron Brown 4/26/02
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) ☑

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILMOE, CHRIS
STREET ADDRESS	1822 SW 50th Street
CITY-ST-ZIP	Southwest Ranches, FL 33131
TITLE	VP
NAME	BROWN, BYRON
STREET ADDRESS	2200 SW 115th Terrace
CITY-ST-ZIP	Davie, FL 33322
TITLE	
NAME	LOUIS, RUSSELL ☑ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E084B (12/01)

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

SIGNATURE: Byron Brown 4/26/02 954 474 1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #