

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074321

1. Entity Name

RESTAURANT SYSTEMS UNLIMITED, INC.

Principal Place of Business

HAULOVER MARINA CENTER
15000 COLLINS AVE
MIAMI BEACH FL 33154

Mailing Address

15000 COLLINS AVE
MIAMI BEACH FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0942445

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPILBERG, ALISA R
15000 COLLINS AVE
HAULOVER MARINA CTR
MIAMI BEACH FL 33154

7. Name and Address of New Registered Agent

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, 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 PD
NAME SPILBERG, ALISA R
STREET ADDRESS 15000 COLLINS AVENUE HAULOVER MARINA CENTE
CITY-ST-ZIP MIAMI BEACH FL 33154 ☐ Delete

TITLE VD
NAME SPILBERG, SCOTT M
STREET ADDRESS 15000 COLLINS AVENUE HAULOVER MARINA CENTE
CITY-ST-ZIP MIAMI BEACH FL 33154 ☐ Delete

TITLE TD
NAME FISHBEIN, CHARLES V
STREET ADDRESS 15000 COLLINS AVENUE HAULOVER MARINA CENTE
CITY-ST-ZIP MIAMI BEACH FL 33154 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Alisa Spilberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01 305-944-1415

CR2E034 (10/00)

0186549

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90498 029 ***150.00