## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P99000081220 **DOCUMENT #**

1. Entity Name

RICK'S CUTRATE LIQUORS AND LOUNGE, INC.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90139 004 \*\*\*158.75

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Principal Place of Business 4351 SW 34 LANE DANIA BEACH FL 33312			Mailing Address 4351 SW 34 LANE DANIA BEACH FL 33312				I IBBAABBA IIB JAARD HATA BAHA BAATA BAATA	<b>11</b> /4/ /0/1/ (4/1/4 (4)		
Place of Busin	ness	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-0952384 Applied For Not Applicable			<u> </u>	
	Country Zip Cou		Country	5. Certificate of Status Desired			\$8.75 Additional - Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
GÅLLAGHER, MARJORIE					Name					
-			Street Address			(P.O. Box Number is Not Acceptable)				
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inamed entity ions of regist	r submits this statemen ered agent.	it for the purp	ose of changing its	s registered off	ice or register	red age	nt, or both, in the State of Florida.	am familiar wit	h, and accept	
Signature, typed	or printed name of registered ag	gent and title if app	olicable. (NOTE	E: Registered Agen	t signature required	d when rein	stating) DA	ATE		
r May 1, 200	3 Fee will be \$550.(				,		Election Campaign Financing     Trust Fund Contribution.		.00 May Be led to Fees	
			IRS	11.		ADE	ITIONS/CHANGES TO DEFICERS	AND DIRECTO	RS IN 11	
4351 SW 3	ATH LANE		☐ Delete	TITLE NAME STREET ADD						
			Delete					Change	Addition	
			□ Delete	TITLE NAME STREET ADD	RESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
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			☐ Delete					Change	☐ Addition	
	information supplied w		☐ Delete	CITY-ST-ZIP				☐ Change	Addition	
	#, etc.  e  6. Name  FR, MARJO  34TH LANE  ACH FL 33:  named entity ions of registe  May 1, 200  Payable to  D  GALLAGHE  4351 SW 3	ANE If FL 33312  Place of Business  #, etc.  e  Country  6. Name and Address of Curre  ER, MARJORIE  34TH LANE ACH FL 33312  named entity submits this statementions of registered agent.  Signature, typed or printed name of registered agent.  PLE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department OFFICERS AND  GALLAGHER, MARJORIE  4351 SW 34TH LANE DANIA BEACH FL 33312	ANE 4351 FIL 33312  Place of Business  #, etc.  Country  Country  Country  Country  Country  Country  ACH FL 33312  ACH FL 33312	ANE IF I 33312  Clace of Business  3. Mailing Address #, etc.  City & State  Country  City & State  Country  City & State  Country  City & State  City & State  City & State  Country  City & State  City & State	ANE I FL 33312  Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  e  City & State  Country  Zip  Country  6. Name and Address of Current Registered Agent  Ne  ER, MARJORIE  34TH LANE  ACH FL 33312  Cit  named entity submits this statement for the purpose of changing its registered off ions of registered agent.  Signature, typed or printed name of registered agent and tale if applicable.  (NOTE, Registered Agent)  Registered Agent  ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  D  GALLAGHER, MARJORIE  4351 SW 34TH LANE  DANIA BEACH FL 33312  Delete  ITILE  NAME  STREET ADD  CITY-ST-ZIF  Delete  TITLE  NAME  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  CITY-ST-ZIF  Delete  TITLE  NAME  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  STREET ADD  STREET ADD  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  STREET ADD  STREET ADD  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  STREET ADD  STREET ADD  STREET ADD  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  STREET ADD  STREET ADD  STREET ADD  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  CITY-ST-ZIF  NAME  STREET ADD  ST	ANE ANE ASSISS ALANE  ANE ASSISS AS A LANE  DANA BEACH FL 33312  Place of Business  #, etc.  Country  Zip  Country  6. Name and Address of Current Registered Agent  ER, MARJORIE  34TH LANE  ACH FL 33312  City  named entity submits this statement for the purpose of changing its registered office or registerions of registered agent.  Spreament hyped or printed name of registered agent and title if applicable  (NOTE. Registered Agent signature required to PEICERS AND DIRECTORS  D  GALLAGHER, MARJORIE  4351 SW 34TH LANE  OFFICERS AND DIRECTORS  D  GALLAGHER, MARJORIE  4351 SW 34TH LANE  DANIA BEACH FL 33312  Detele  TITLE  NAME  SIREET ADDRESS  CITY-51-2IP  Detele  NAME  SIREET ADDRESS  CITY-51-2IP  Detele  TITLE  NAME  SIREET ADDRESS  CITY-51-2IP  Detele	Mailing Address ANE AST SW 34 LANE DANIA BEACH FL 33312  Place of Business  3. Mailing Address #, etc.  Country  Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip City Sized Address (P.O. Bo Sized Address (P.O. Bo City ATH LANE ACH FL 33312  City  named entity submits this statement for the purpose of changing its registered office or registered age cons of registered agent.  Signature, typed or printed name of ingritimed agent and title if applicable.  Next Execution of the purpose of changing its registered office or registered age cons of Payable to Floridad Department of State  OFFICERS AND DIRECTORS  D Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE MAME SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP SIRE	Maling Address AME	Mailing Address ANE ASS W 34 LANE DAMA BEACH FL 3312    Suite DAMA BEACH FL 3312   DAMA BEACH FL 3312   DAMA BEACH FL 3312   DAMA BEACH FL 3312   Country   Zip   Country   S. Certificate of Status Desired   S8.75 / Fix Requirement of S7.75 / Fix Requir	

r nereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

Date