

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087081

1. Entity Name

FLA BBQ MGMT INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90126 029 \*\*\*150.00

Principal Place of Business

2399 N. FEDERAL HWY., SUITE D  
BOCA RATON FL 33431

Mailing Address

2399 N. FEDERAL HWY., SUITE D  
BOCA RATON FL 33431-7768

2. Principal Place of Business

11249 US Hwy 1  
Suite, Apt. #, etc.  
B-2

3. Mailing Address

11249 US Hwy 1  
Suite, Apt. #, etc.  
B-2



DO NOT WRITE IN THIS SPACE

City & State

NORTH PALM BCH FL

City & State

NORTH PALM BCH, FL

4. FEI Number

65-0959266

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEFERO, GERALD A  
2399 N. FEDERAL HWY., SUITE D  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

Suite A

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DEFRERO, GERALD A  
CITY-ST-ZIP 718 NW 7TH ST.  
BOCA RATON FL 33486

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SMITH, RANDALL S  
CITY-ST-ZIP 517 HERON DR.  
DELRAY BCH FL 33444

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME s/c  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS PETER TOMASINO, JR  
CITY-ST-ZIP 2135 NE 4 WAY  
BOCA RATON FL. 33431

TITLE ☐ Change ☒ Addition  
NAME B  
STREET ADDRESS PAUL KRAUTH  
CITY-ST-ZIP 4367 SW 10th PLACE #306  
DELRAY BCH, FL 33442

TITLE ☐ Change ☐ Addition  
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:

*Michael A. P. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 861 394 6779

CR2E034 (9/99)