

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104110

1. Entity Name

UPTOWN DINER INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90101 018 ***150.00

Principal Place of Business

Mailing Address

998 SW 81st Ave
 N. LAUDERDALE FL
 33068

SAME

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

65-0968810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

D0057964

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHALOM BOUSKILA
 998 SW 81st Ave
 N. LAUDERDALE FL 33068

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.T. D	<input type="checkbox"/> Delete
NAME	SHALOM BOUSKILA	
STREET ADDRESS	998 SW 81 st Ave	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	TSAMPIKOS MANOLAS	
STREET ADDRESS	998 SW 81 st Ave	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SHALOM BOUSKILA

Date

Daytime Phone #

4/28/00 (954) 780-3880

CR2E034 (9/99)