

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90037 038 \*\*\*550.00

**DOCUMENT # P99000105695**

1. Entity Name  
**SIGIS RESTAURANT CORPORATION**

**AU071219**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O KIRKPATRICK & LOCKHART LLP 201 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131	Mailing Address C/O KIRKPATRICK & LOCKHART LLP 201 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131
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2. Principal Place of Business <b>2500 NE 135 ST</b>	3. Mailing Address <b>2500 NE 135 ST</b>
Suite, Apt. #, etc. <b>#911</b>	Suite, Apt. #, etc. <b>#911</b>

City & State <b>NORTH MIAMI, FL</b>	City & State <b>NORTH MIAMI, FL</b>	4. FEI Number <b>65-0977112</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>33181</b>	Country <b>USA</b>	Zip <b>33181</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**BULMAN, RICHARD C JR.**  
**C/O KIRKPATRICK & LOCKHART LLP**  
**201 SOUTH BISCAYNE BLVD., 20TH FLOOR**  
**MIAMI FL 33131**

**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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ABDELMALAK, MEKAIL</b> <b>2500 NE 135 ST, #911</b> <b>MIAMI, FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 of assets 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 REQUIRED** **MEKAIL ABDELMALAK, PRES.**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)