2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State
01-23-2001 90070 005 ***150.00

DOCUMENT # P99000105873

1. Entity Name
RESTAURANT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
5000-18 HWY 17, #288 ORANGE PARK FL ~~32073~~	5000-18 HWY 17, #288 ORANGE PARK FL ~~32073~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32003	Country	Zip 32003	Country

4. FEI Number 59-3613961 ☐ Applied For ☐ Not Applicable

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
AKEL, DANIEL D ONE INDEPENDENT DR, SUITE 2301 JACKSONVILLE FL 32202	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BAJALIA, SAMMY JR		NAME		
STREET ADDRESS	~~5000-18 HWY 17, #288~~		STREET ADDRESS	1279 Kingsley Ave, #114	
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BAJALIA, AMY		NAME		
STREET ADDRESS	~~5000-18 HWY 17, #288~~		STREET ADDRESS	1279 Kingsley Ave, #114	
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: Sam Bajalia 1-10-01 (904)278-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #