

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90023 023 ***158.75

DOCUMENT # P99000107715

1. Entity Name

NEILLY'S BAHAMIAN FLAVOR RESTAURANT, INC.

Principal Place of Business

Mailing Address

15989 N.W. 27TH AVE.
MIAMI FL 33054

15989 N.W. 27TH AVE.
MIAMI FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15986 N.W. 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OPA - Locke FLA.

4. FEI Number

65-0967772

Applied For

Not Applicable

Zip

Country

Zip

Country

33054

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

SANDS, CHERYL
20083 NW 36TH CT.
MIAMI FL 33056

Name

NEILLY, DIANA S.

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

15986 N.W. 27th AVE.

City

MIAMI FL.

FL

Zip Code

33056

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

DIANA S. Neilly

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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 ☐ Delete
NAME **PD**
STREET ADDRESS **NEILLY, DIANA S**
CITY-ST-ZIP **15989 N.W. 27TH AVE.**
MIAMI FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **REVERE, YELENA**
CITY-ST-ZIP **15989 N.W. 27TH AVE.**
MIAMI FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **NEILLY-JOHNSON, DENEEN**
CITY-ST-ZIP **15989 N.W. 27TH AVE.**
MIAMI FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

DIANA S. Neilly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (305)620-2826

Date

Daytime Phone #