

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90080 016 \*\*\*150.00

**DOCUMENT # P99000107715**

1. Entity Name

**NEILLY'S BAHAMIAN FLAVOR RESTAURANT, INC.**

Principal Place of Business

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

Mailing Address

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

00012185

2. Principal Place of Business

15986 N.W. 27th Ave

3. Mailing Address

15986 NW 27th Ave

Suite, Apt. #, etc.

OPA-LOCKA-FLA.

Suite, Apt. #, etc.

OPA-LOCKA-FLA.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0967772

Applied For

Not Applicable

Zip

33054

Country

USA.

Zip

33054

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

DIANA S. NEILLY

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

20521 N.W. 34th Court

CAROL

City

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

*Diana S. Neilly*

1/25/01

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, 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

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

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

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

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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:

*Diana S. Neilly*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Date

305-6202826

Daytime Phone #

CR2E034 (10/00)