

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90007 041 ***150.00

DOCUMENT # S07042

1. Entity Name

SQUARE ONE RESTAURANT INC.

Principal Place of Business

**1075 DUVAL STREET C-12
 KEY WEST FL 33040-3134**

Mailing Address

**1075 DUVAL STREET C-12
 KEY WEST FL 33040-3134**

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

65-0224648

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

**STEWART, MICHAEL
 1605 JAMAICA DRIVE
 KEY WEST FL 33040**

Name

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

3645 FLAGLER AVE.

City **Key West**

FL

Zip Code **33040**

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **STEWART, MICHAEL**
 STREET ADDRESS **1605 JAMAICA DR**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☒ Change ☐ Addition
 NAME **3645 FLAGLER AVE**
 STREET ADDRESS **KEY WEST, FL 33040**
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **SHAHAN, P T**
 STREET ADDRESS **1605 JAMAICA DR**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☒ Change ☐ Addition
 NAME **2105 ELAINE AVE.**
 STREET ADDRESS **KEY WEST, FL 33040**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 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:

SIGNATURE REQUIRED: SHAHAN

7/15/01

305-2964300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

002 005 AV

CR2E034 (5/01)



Doc. # 507042
B00e0300

SQUARE ONE 1075 DUVAL ST.
DUVAL SQUARE • KEY WEST, FL 33040
305-296-4300

July 15, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Unfortunately, we haven't received the first notice of this report due May 1, 2001. We apologize for late payment and hope the Department will take into consideration the fact that we have never been late during our 10 years of operation and certainly would have remitted payment and report prior to due date of 5-1-01 if we had received it. We also thank you for any consideration in this matter.

Sincerely:

Philip T. Shahan
Vice President and Director