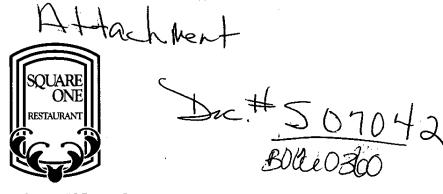
FILED

305-2964300

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 20, 2001 8:00 am DOCUMENT # S07042 **Secretary of State** 1. Entity Name 07-20-2001 90007 041 ***150.00 SQUARE ONE RESTAURANT INC. Principal Place of Business Mailing Address 1075 DUVAL STREET C-12 1075 DUVAL STREET C-12 KEY WEST FL 33040-3134 KEY WEST FL 33040-3134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0224648 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1605 JAMAICA DRIVE FIAMEV KEY WEST FL 33040 Zip Code るる**み**の 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE PD ☐ Delete NAME STEWART, MICHAEL 3645 FlAXIEV AUE STREET ADDRESS 1605 JAMAICA DR STREET ADDRESS CITY-ST-7IP KEY WEST FL 33040 CITY-ST-ZIP TITLE **VPD** Change ☐ Addition Delete TITLE NAME SHAHAN, P T NAME STREET ADDRESS 1605 JAMAICA DR CITY-ST-ZIP KEY WEST FL 33040 CITY 51 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.



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