

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90788 002 ***150.00

0600648 AT

DOCUMENT # S21134

1. Entity Name
SAL'S RESTAURANT, INC.

Principal Place of Business

Mailing Address

**4105 N. LECANTO HWY
 BEVERLY HILL FL 34465
 US**

**P.O. BOX 185
 HOLDER FL 34445
 US**

2. Principal Place of Business

3. Mailing Address

6998 N LECANTO HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BEVERLY HILLS FL

HOLDER FL

Zip

Country

Zip

Country

34465

FL

4. FEI Number

59-3049091

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

**WECKESSER, RITA
 10 N. MELBOURNE ST.
 BEVERLY HILLS FL 34465**

Name
WILLIAM J ODFENDAH JR

Street Address (P.O. Box Number is Not Acceptable)
2021 SW FIFTH AVE

Ocala

City
Ocala

FL

Zip Code

34474

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/02

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PISTONE, BERNARDO
 5235 N. CLIFF DR.
 BEVERLY HILLS FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PISTONE, MARIA
 5235 N. CLIFF DR.
 BEVERLY HILLS FL** ☐ Delete

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02

Date

Daytime Phone #

CR2E034 (9/01)