2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$34776

1. Entity Name

SLOPPY JOE'S INTERNATIONAL, INC.

FILED Jan 26, 2000 8:00 am Secretary of State 01-26-2000 90021 048 ***158.75

KEY WEST FL 33040 KEY WEST FL 33040-6507							01-20-2000	90021 048	136.	13		
KEY WEST FL 33040 Sule, Act #, etc. Sule, Act #,	Principal Place	e of Business	Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	209 DUVAL STREET KEY WEST FL 33040 US		KEY WEST FL 33040-6507		, <u></u> ,			ฮบบ	ฮบเ	9		
Suite. Apt. #, etc: City & State Society City & Stat	2. Principal Pl	ace of Business				H Harikana ika kikik ala kik k al aki alaki akik alaki akiki bilaki alaki alaki						
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6. Name and Address of Current Registered Agent HAIPERN, MICHAEL 209 DUVAL STREET KEY WEST FL 33040 8. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Signiture present and elects to do so See orders on back 11. OFFICERS AND DIRECTORS 12. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 17. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 18. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florida. SIGNATURE Series agents to provide a print will be 1 adaptable. NOTE Registered Agent stratum required when residently in the State of Florida. NOTE Registered Agent of both, in the State of Florida. SIGNATURE Series and the state of Florida. NOTE Registered Agent of both, in the State of Florida. SIGNATURE Series and the state of Florida. NOTE Registered Agent of both, in the State of Florida. SIGNATURE Signature required agent or both, in the State of Florida. NOTE Registered Agent of both, in the State of Florida. SIGNATURE Signature required agent or both, in the State of Florida. SIGNATURE Signature required agent of both, in the State of Florida. SIGNATURE Signature required agent of both, in the State of Florida. SIGNATURE Series agent of the purpose of changing its registered agent of fice or registered agent of both, in the State of Florida. SIGNATURE Series agent agent agent and the radactable. Note that agent ag	City & State				_	4. FEI Number 65-0259040						
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HALPERN, MICHAEL 209 DUVAL STREET KEY WEST FL 33040 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, hyper or printed name of registered speech of the purpose of changing its registered office or registered agent, or both in the State of Florida. SIGNATURE Signature, hyper or printed name of registered speech of the floridation. PLE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Cheece Payable to Department of State OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE SIGNATURE PST HALPERN, MICHAEL SIMET ADDRESS OFFI-ST-27P ALPERN, MICHAEL 201 DUVAL STREET OFFI-ST-27P HALPERN, MICHAEL 201 DUVAL STREET OFFI-ST-27P TOTAL THE CONTRIBUTION OFFICERS AND DIRECTORS 11. Delete HALPERN, MICHAEL 201 DUVAL STREET OFFI-ST-27P TOTAL THE CONTRIBUTION OFFICERS AND DIRECTORS 11. THE CONTRIBUTION OFFICERS AND DIRECTORS IN 11 THE CONTRIBUTION OFFICERS AND DIRECTORS 11. THE CONTRIBUTION OFFICERS AND DIRECTORS IN 11 THE CONTRIBUTION OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SITER ADDRESS OFFI-ST-27P COTT-ST-27P COTT-ST-27P COTT-ST-27P OFFICERS AND DIRECTORS 11. THE CONTRIBUTION OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME STREET ADDRESS OFFI-ST-27P COTT-ST-27P TOTAL THE CONTRIBUTION OFFICERS AND DIRECTORS 11. Election Campaign Financing S50.00 10. Election Campaign Financing Total Function of State Addition of State NAME STREET ADDRESS OTH ST-27P TOTAL THE CONTRIBUTION OFFICERS AND DIRECTORS 11. THE CONTRIBUTION OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Election Campaign Financing 15. Election Campaign Financing 16. Election Campaign Financing 16. Election Campaign Financing 17. Street ADDRESS OTH ST-27P COTT ST-27P OTHER ADDRE		6. Name and Address of Current	Registered Agent			7. Name a	nd Address of	New Registered	Agent			
8. The above named entity submits this statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or critical registered agent and life if applicable. PROTE Registered Agent stratular required agent, or both, in the State of Florida. PROTE Registered Agent stratular required agent, or both, in the State of Florida.	209 (Street A	Address (P.0 2 <u>01</u> 1	O. Box Num Duval	nber is Not Acc	eptable) 	 	Code 040	- 			
SIGNATURE 9. This corporation is eligible to satisfy its Intengible Tax fling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. 35.00 May Be Added to Fees Added to Fees Added to Fees Mile & \$55,00 May Be Added	9. The shave	annual actitus submits this statement fo	r the number of changing its reg	istered office o			ooth in the Sta	te of Florida			-	
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		certify that the information supplied with	this filing does not qualify for the	exemption sta	ated in Sec	tion 119.076	(3)(i), Florida S	tatutes. I further o	ertify that	t the in	 formation	

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CERUPARED IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR