2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT #** S75860 03-06-2002 90056 039 ***150.00 1. Entity Name BONEFISH WILLY'S, INC. Principal Place of Business Mailing Address 22650 1269 UNIVERSITY DRIVE 1269 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 65-0282489 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARABOULOS BRUCK, DANIEL J. Street Address (P.O. Box Number is Not Acceptable) 1255 NORTHWEST 58TH MANOR CORAL SPRINGS FL 33076 Zip Code 3307 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 DATE 9: This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete DILE ☐ Change ☐ Addition (9/01 NAME TARABOULOS, DAVID I. NAME 12551 NORTHWEST 58TH MANOR STREET ADDRESS STREET ADDRESS CITY-S7-ZIP **CORAL SPRINGS FL 33076** CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE ☐ Addition ☐ Channe NAME COCHRONE, TOM NAME STREET ADDRESS 7925 SANIBEL DRIVE STREET ADDRESS CITY-ST-ZIP TARMAC FL 33321 CITY-ST-ZIP TITLE Oeleta. TITLE - C ☐ Change ☐ Addition TARABOULOS, ALLEN = " NAME NAME STREET ADDRESS 12551 NORTHWEST 58TH MANOR STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33078** CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP BILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

FILED