

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90142 031 ***150.00

DOCUMENT # S90889

1. Entity Name

SEAPORT RESTAURANT, INC.

Principal Place of Business

Mailing Address

GULFVIEW PLAZA, UNIT 16
1021 HIGHWAY 98 EAST
DESTIN FL 32541

GULFVIEW PLAZA, UNIT 16
1021 HIGHWAY 98 EAST
DESTIN FL 32541

80044568



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

411 Snapper Dr

411 Snapper Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

4. FEI Number 59-3096518

Applied For

Not Applicable

Zip

32541

Country

OKalaoa

Zip

32541

Country

OKalaoa

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

MEKHAIL, BAHGAT
1021 HIGHWAY 98 EAST
UNIT 16
DESTIN FL 32541

Name

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

411 Snapper Dr

City

Destin

FL

Zip Code

32541

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 \$150.00
After MAY 1, 2001 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 PT
NAME MEKHAIL, BAHGAT
STREET ADDRESS 411 SNAPPER DR.
CITY-ST-ZIP DESTIN FL ☐ Delete

TITLE 1/15 D.C.M.
NAME Madeleine Mekhail
STREET ADDRESS 411 Snapper Dr
CITY-ST-ZIP Destin FL 32541 ☐ Change ☒ Addition

TITLE VS
NAME NASHED, WELFER
STREET ADDRESS 3755 HIGHWAY 98 EAST
CITY-ST-ZIP DESTIN FL ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

CR2E034 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De Jure Phone #

4/21/01 850/837-0742