## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # S97816

1. Corporation Name
WEST BOCA SQUARE RESTAURANT, INC.

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90037 007 \*\*\*150.00



Principal Place	e of Business	Mailing Address			
21747 STATE R	D 7	9045 LA FONTANA BLVD			
BOCA RATON I	RATON FL 33428 B-20			DO MOT MIDITE IN THIS SPACE	
US		BOCA RATON FL 33434		DO NOT WRITE IN THIS SPACE	
·		US		3. Date Incorporated or Qualifed	
				12/04/1991	<del></del>
2. Principal Pi	lace of Business	2a. Mailing Address	المناهمي	4. FEI Number	Applied For
21	·	26 4045 14 M	tura 1240	65-0305356	Not Applicable
Suite, Apt.	#, etc.	Suite Apt # etc.		5. Certificate of Status Desired	\$8:75 Additional
22		27			Fee Required
City & State	е	City & State	, E	6. Election Campaign Financing	\$5.00 May Be
23		28 100CG (COTO)	1 FL	Trust Fund Contribution	Added to Fees
Zip	Country	一つつんフィー	CHITA	8. This corporation owes the current year Intang	
24	25	29 324 30	10	1 orsonar rioporty tux.	Yes No
9. Name and Address of Current Registered Agent 19. Name and Address of New Registered Agent					
			81 Name OSC	ook Bilothi	
BILOTTI, JOSEPH			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	12-1
19914 VILLA LANTE PLACE			9045	19 Fontana BIVO	16-1
BOCA RATON FL 33434			83 000	of Deitan FL	1
_	•		84 City	a main / ·	85 Zip Code
	•		O4 City	FL	゜゚゚゚ゔゔ゚゚゚゚゚゚ゔ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚ゔ゚゚゚゚゚゚゚゚
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PVST .	☐ DELETE	1.1 TITLE 12"	<b>VST</b> [	☐ Change ☐ Addition
NAME	BILOTTI, JOSEPH		1.2 NAME	oseon Biloth	.
STREET ADDRESS	19914 VILLA LANTE PL.		1.3 STREET ADDRESS	045 la Fontana BIVA B	1
i -	BOCA RATON FL 33434		1.4 CITY+ST-ZIP	zora puton FL 334	/34
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	- Company	Change Addition
	BILOTTI, JOSEPH		STATE A	seah BIOHi	
NAME		3.	2.3 STREET ADDRESS	045 la Fintania BlVd B	1
STREET ADDRESS	BOCA RATON FL 33434		2.4 CITY-ST-ZIP	Days Outon 151334	34
CITY-ST-ZIP	BUCK RATUR FL 33434				Change Addition
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		☐ DELETE	3.1 TITLE		
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STREET ADDRESS		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME



DELETE

56/ 45/ 222 8 Daytime Phone #

Change

☐ Addition

- -CR2F034 /11