

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98295

1. Entity Name

CORAL CREEK SHOPPES RESTAURANT, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90004 023 ***150.00

Principal Place of Business

Mailing Address

6512 N STATE RD 7
COCONUT CREEK FL 33073
US

5370 NW 103RD WAY
CORAL SPRINGS FL 33076-1785
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0298816

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AUDRY M TROIA
5370 NW 103RD WAY
CORAL SPRGS FL 33076

Name

Audrey M. Troia

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

City

FL

Zip Code

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, 2000 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 DPT ☐ Delete
NAME TROIA, ROSARIO
STREET ADDRESS 5370 NW 103RD WAY
CITY-ST-ZIP CORAL SPRGS FL 33076

TITLE ~~DPT~~ ☒ Change ☐ Addition
NAME ROSARIO TROIA
STREET ADDRESS 5370 N.W. 103WAY
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE SDV ☐ Delete
NAME TROIA, AUDREY M
STREET ADDRESS 5370 NW 103RD WAY
CITY-ST-ZIP CORAL SPRGS FL 33076

TITLE S/D ☒ Change ☐ Addition
NAME TROIA, AUDREY
STREET ADDRESS 5370 N.W. 103WAY
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ~~SDV~~ ☐ Change ☒ Addition
NAME ~~TROIA, AUDREY~~
STREET ADDRESS ~~5370 NW 103RD WAY~~
CITY-ST-ZIP ~~CORAL SPRGS FL 33076~~

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)