

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90171 014 \*\*\*150.00

**DOCUMENT # V32224**

1. Entity Name  
**STEAK ON THE RUN, INC.**

Principal Place of Business <b>351 N.W. 42ND AVE.          SUITE 203          MIAMI FL 33126          US</b>	Mailing Address <b>P.O. BOX 330044          COCONUT GROVE FL 33233          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>351 NW 42 Ave.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 600</b>	Suite, Apt. #, etc.
City & State <b>Miami, Fl.</b>	City & State

4. FEI Number <b>65-0331889</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33126</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BALOOKI, HAMID  
 351 N.W. 42ND AVE.  
 SUITE 203  
 MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable) <b>351 NW 42 Avenue</b>
<b>Sutie 600</b>
City <b>Miami</b>
State <b>FL</b>
Zip Code <b>33126</b>

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOLOOKI, HAMID</b> <b>351 N.W. 42ND AVE., #203</b> <b>MIAMI FL 33126</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>351 NW 42 Ave., #600</b> <b>Miami, Fl. 33126</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Hamid Bolooki* **HAMID BOLOOKI** 4/17/02 305 643-5040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
 MAY 19 2002  
 SECRETARY OF STATE  
 CR2E034 (9/01)