

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68551

1. Entity Name
ROYAL PALM GRILL & DELI, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90012 043 ***550.00

Principal Place of Business

806 N KROME AVE
HOMESTEAD FL 33030
US

Mailing Address

806 N KROME AVE
HOMESTEAD FL 33030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0362325

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

A0073008



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROTH, LAWRENCE
1711 SAN REMO CIR
HOMESTEAD FL 33035

7. Name and Address of New Registered Agent

Name **ALAN MARGOLIS**

Street Address (P.O. Box Number is Not Acceptable)
1661 NW 72nd Ave

City **HMSFD**

FL

Zip Code **33030**

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

Alan Margolis **ALAN MARGOLIS**

8-2-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE **VD** ☐ Delete
NAME **MARGOLIS, ALAN**
STREET ADDRESS **806 N UROME AVE**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE **PD** ☐ Delete
NAME **ROTH, LAWRENCE L**
STREET ADDRESS **1711 SAN REMO CIR**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Alan Margolis **ALAN MARGOLIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-2-00 **305** **246-5701**

CR2E034 (5/00)