2000	UNIFOR	M BUSIN	IESS REPO	RT (UB	R)				
DOCU	MENT # PS	9800003	3249					and a second	
1. Entity Name VALUE DINING MANAGEMENT, INC.									
VALUE U		MEIVIT, INC.				,			
Principal Place of Business			Mailing Address			00 MAR 28 PM L: 11			
500 N FEDERAL HIGHWAY			1500 N FEDERAL HIGHWAY SUITE 200			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
T. LAUDERDALE FL 33304			FT. LAUDERDALE FL 33304-1432						N(E 1811 (88)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	
City & State			City & State		4.	. FEI Number	65-0844663		oplied For of Applicable
Zip Country		, —	Zip Country		5	. Certificate of S	tatus Desired [\$8.75 Add	ditional
	6. Name and Addr	ess of Current Rec	ristered Agent				dress of New Regis	Fee Require	<u>a</u>
C. Hame and Address of Current Registered Agent				Name					
CHRISTIANSEN, MICHAEL E 1500 N FEDERAL HIGHWAY				Street	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 200 FT. LAUDERDALE FL 33304			City					FL Zip Cod	<u>е</u>
8. The above	named entity submits t	his statement for th	e purpose of changing its	registered office	or registered a	agent, or both, in	the State of Florida		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•	Ü				
SIGNATURE .	Signature, typed or printed name	ne of registered agent and t	itle if applicable. (NOTE	Registered Agent sign	ature required when	n reinstating)	<u> </u>	DATE	
9. This corpo	oration is eligible to sati	sfy its Intangible	FILE NOW!	!! FEE IS \$150	.00	10 Floatio	n Campaign Financi		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			Trust F	und Contribution.	Added	May Be to Fees
11.		OFFICERS AND DIF	RECTORS	12.		ADDITIONS/CHA	ANGES TO OFFICER		
TITLE	D Markley, Steve		☐ Delete	TITLE NAME	Mack	ley Steve		🔀 Change	Addition
STREET ADDRESS	P.O. BOX 290276			STREET ADDRESS	3704	MM 83 M	Avenue		
CITY-ST-ZIP	FT. LAUDERDALE	FL 33329		CITY-ST-ZIP	Cosal	Springs, Fl	33065	.	
TITLE	D	. —	☐ Delete	TITLE		1 477 120 (12)	00022		Addition
NAME	SINGERMAN, RON			NAME STREET ADDRESS		-2111	-(4/11/0	1001112	023
STREET ADDRESS CITY-ST-ZIP	349 GRECO AVEN CORAL GABLES F			CITY-ST-ZIP	`		****150	.00 ****15	50.00
TITLE	D D	2 00 1 10	□ Delete	TITLE			<u></u>	☐ Change	Addition
NAME	SINGERMAN, GILB	ERT		NAME					
STREET ADDRESS	1920 S BELVOIR			STREET ADDRESS CITY-ST-ZIP	• [
CITY-ST-ZIP	S. EUCLID OH 441	[21		_ _	 		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME			☐ Delete	TITLE NAME				Onlingo	
STREET ADDRESS	ĺ			STREET ADDRESS	;				
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS				•	
CITY-ST-ZIP	ĺ			CITY-ST-ZIP	·			-	
TITLE			Delete	TITLE				Change	Addition
NAME				NAME				19	
STREET ADDRESS	j ,			STREET ADDRESS CITY-ST-ZIP	6				
13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental export is true and accurate and that my s					Potod in C = -**	n 110 07/0V/\ F	Torida Statutas I 6 m	ther cortifu that the i	Information
indicated	certify triat the informati	on supplied With thi	is niftig dues not quality for	are exemption S Invesionature shall	naceum aeculu have the sam	ne legal effect as	ionaa oigiuies. Hilli .if made under oath:	that I am an officer	or director

indicated on this report or supplemental eport 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 a raddress, with all other like empowered.

SIGNATURE: