

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000033249**1. Entity Name
VALUE DINING MANAGEMENT, INC.

Principal Place of Business 1500 N FEDERAL HIGHWAY SUITE 200 FT. LAUDERDALE FL 33304	Mailing Address 1500 N FEDERAL HIGHWAY SUITE 200 FT. LAUDERDALE FL 33304
---	---

2. Principal Place of Business 3704 NW 82ND AVENUE	3. Mailing Address 3704 NW 82ND AVENUE
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
----------------------------------	----------------------------------

Zip 33065	Country	Zip 33065	Country
--------------	---------	--------------	---------

4. FEI Number 65-0844663	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CHRISTIANSEN MICHAEL E**
1500 N FEDERAL HIGHWAY
SUITE 200
FT. LAUDERDALE FL 33304 US**7. Name and Address of New Registered Agent**

Name MARKLEY STEVE
Street Address (P.O. Box Number is Not Acceptable) 3704 NW 82ND AVENUE
City CORAL SPRINGS FL Zip Code 33065

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 **STEVE MARKLEY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGERMAN GILBERT 1920 S BELVOIR S. EUCLID OH 44121	☐ Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGERMAN RON 349 GRECO AVENUE CORAL GABLES FL 33146	☐ Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKLEY STEVE 3704 NW 82ND AVENUE CORAL SPRINGS FL 33065	☐ Delete
--	---	---------------------------------

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME STREET ADDRESS 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: **Steve Markley**

D

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)