

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

03-27-2000 90106 017 \*\*\*150.00

DOCUMENT # P99000060599

1. Entity Name

33RD & DINE, INC.

Principal Place of Business

3330 NE 33RD ST.
FT. LAUDERDALE FL 33308

Mailing Address

33rd + Dine Inc
c/o MITCHELL A. SILVER & CO.
P.O. BOX 223592
HOLLYWOOD, FLORIDA
33022-3592

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

City & State

4. FEINumber

05-0935598

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

BLACKE, LAWRENCE E
3326 NE 33RD ST.
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

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 participating)

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 \$350.00

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

Table with 6 rows and 2 columns for Officers and Directors. Columns include Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows and 2 columns for Additions/Changes. Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and 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. If all other officers are empowered.

SIGNATURE:

Handwritten signature of Lawrence E. Blacke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00 954-922-0886
Date Daytime Phone #

CR2E034 (9/99)