## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 444983**

1. Entity Name

SIGNATURE:

CLASSIC DINETTE CO. INC.



## FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90114 041 \*\*\*150.00

Daytime Phone #

CLAGGIC	DINETTE											
Principal Place of Business 2044 HOLLYWOOD BLVD. HOLLYWOOD FL 33020			2044	Mailing Address 2044 HOLLYWOOD BLVD. HOLLYWOOD FL 33020				: 1207U 01011 010U 010U 010U 1010U 1010U			<b>a</b> n an	
2. Principal P	Place of Busin	ess	3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number 59-1510221				
Zip	Zip Country		Zip	Zip C		Country		Certificate of Status Desired		8.75 Add	ditional	
	6. Name	and Address of Currer	t Register	ed Agent			7.	Name and Address of New Reg	istered A	 jent		
			_			Name						
BOOK, JO 3842 ATL	<del></del>				Street Address (P.O. Box Number is Not Acceptable)							
HOLLYWO	OD FL 330	21 ·				City			FL	Zip Code	e	
										<u> </u>		
	named entity ions of regist		for the purp	oose of changing its	registere	ed office or register	ed ag	ent, or both, in the State of Florid	a. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOT	E: Registered	d Agent signature required	when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finan     Trust Fund Contribution.	cing		<b>0</b> May Be I to Fees	
10,		OFFICERS AN	D DIRECTO	DRS	11.		AC	DDITIONS/CHANGES TO OFFICE	RS AND (	DIRECTORS	S IN 11	
TITLE	PD			☐ Delete	TITLE	i l				Change	☐ Addition	
NAME					NAME	Ę						
STREET ADDRESS CITY-ST-ZIP	HOLLYWO	AVE APT D241 OD FL 33021				ET ADDRESS -ST-ZIP						
TITLE	SD			☐ Delete	TITLE				l	Change	☐ Addition	
NAME	BOOK, JO				NAME	T 1						
CITY-ST-ZIP	EET ADDRESS 3842 ATLANTA STREET  '-ST-ZIP HOLLYWOOD FL 33021					ET ADDRESS -ST-ZIP						
	HOLLIWO	OD FL 33021					··-··					
TITLE				☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS					NAME	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE			···	☐ Delete	TITLE	· · · -   === +				Change	☐ Addition	
NAME				Descie	NAME	i			'	onengs		
STREET ADDRESS					STREE	ET ADDRESS						
CITY-ST-ZIP					CITY-	·ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	
NAME					NAME	<u> </u>						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE				I	Change	☐ Addition	
NAME STREET ADDRESS					NAME	ľ						
CITY-ST-ZIP						ET ADDRESS ST-ZIP						
12. I hereby of indicated of the corp	on this repor poration or th	t or suggitlemental report	is true and cowered to	accurate and that nexecute this report	the exer ny signati as requir	nption stated in Secure shall have the s	ame l	119.07(3)(i), Florida Statutes. I ful legal effect as if made under oath da Statutes, and that my name ar	n: that I am	an officer	or director	