

2001 UNIFORM BUSINESS REPORT (UBR)

0007972 AF

DOCUMENT # **A23594**

1. Entity Name

RESTAURANT ASSOCIATES, LTD.

Principal Place of Business

**7940 GLADES RD.
ARVIDA PARKWAY CENTER
BOCA RATON FL 33434**

Mailing Address

**7940 GLADES RD.
ARVIDA PARKWAY CENTER
BOCA RATON FL 33434**

FILED

01 MAR 12 AM 10:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2740992

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

7. Name and Address of New Registered Agent

**BOINIS, PETER
7940 GLADES RD.
BOCA RATON FL 33434**

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 reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,050,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,050,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **J41062**
NAME **PARKWAY CENTER, INC.**
STREET ADDRESS **7940 GLADES RD.**
CITY-ST-ZIP **BOCA RATON FL**

STREET ADDRESS

CITY-ST-ZIP

600003851326--7
-03/13/01--01108--025
******526.25 ****526.25**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PARKWAY CENTER, INC. 2-21-01

Date

Daytime Phone #

CR2E003 (11/00)