

2002 UNIFORM BUSINESS REPORT (UBR)

0012103 AT

DOCUMENT # **A23594**

1. Entity Name

RESTAURANT ASSOCIATES, LTD.

FILED

02 FEB 13 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2740992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

1/25/2002
DATE

9. Capital Contributions
as Shown on record.

\$1,050,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005024275--4
-02/27/02--01071--007
*******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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/2002
Date

561-487-1600
Daytime Phone #

CR2E003 (9/01)