

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29996**

1. Entity Name

INTERNATIONAL DINING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33

Principal Place of Business 3501 W. ROLLING HILLS CIRCLE DAVIE FL 33328	Mailing Address 3501 W. ROLLING HILLS CIRCLE DAVIE FL 33328-1944
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0186028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

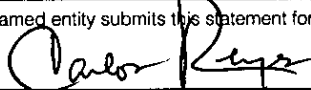
6. Name and Address of Current Registered Agent

**ROTH, JOEL L PA
301 YAMATO RD, SUITE 1200
NORTHERN TRUST PLAZA
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Carlos Reyes, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
**Montero Finizio Velazquez & Reyes, P.A.
200 Southeast Ninth Street**
City **Ft. Lauderdale, Florida** **FL** Zip Code **33316**

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  **5/31/00**
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. \$250,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	L66961 INTERNATIONAL DINING, INC 3501 W ROLLING HILLS CIR DAVIE FL	STREET ADDRESS CITY - ST - ZIP	
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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:  **4/18/00** **954-475-0480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

OF 15/00 (9/95)