

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 Mailing Address
 3501 W. ROLLING HILLS CIRCLE 3501 W. ROLLING HILLS CIRCLE
 DAVIE FL 33328 DAVIE FL 33328-1944



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0186028** Applied For
 Not Applicable
 5. Certificate of Status Desired \$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 *Carlos Reyes* DATE **5/31/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 # NAME STREET ADDRESS CITY - ST - ZIP	L66961 INTERNATIONAL DINING, INC 3501 W ROLLING HILLS CIR DAVIE FL
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	700003296357--4
CITY - ST - ZIP	-06/20/00--01015--014
	***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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* **RECEIVED** DATE **4/18/00** DAYTIME PHONE # **954-475-0480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF 11/03 (9/95)