

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29996**

1. Entity Name

INTERNATIONAL DINING, LTD.

APPROVED
AND
FILED

01 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3501 W. ROLLING HILLS CIRCLE
DAVIE FL 33328**

Mailing Address

**3501 W. ROLLING HILLS CIRCLE
DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0186028

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

**REYES, CARLOS ESQ
MONTERO FINIZIO VELAZQUEZ & REYES, P.A.
200 SOUTHEAST NINTH STREET
FT LAUDERDALE FL 33316**

Name **Robert Macaulay, Esquire**

Street Address (P.O. Box Number is Not Acceptable)

**2200 Suntrust International Center
1 S.E. Third Avenue**

City **Miami, Florida**

FL

Zip **33131**

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.

Robert B. Macaulay

4/30/01

SIGNATURE *Robert B. Macaulay*
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

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

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L66961**
NAME **INTERNATIONAL DINING, INC**
STREET ADDRESS **3501 W ROLLING HILLS CIR**
CITY-ST-ZIP **DAVIE FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700004271787--9
-05/18/01--01108--005
****526.25 ****526.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Nobuaki Kasai

Date

4/30/01

Daytime Phone #

954-475-0600

CR2E003 (11/00)

0006915 AF