

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A29996**

1. Entity Name  
**INTERNATIONAL DINING, LTD.**



**FILED**  
03 MAY -6 PM 7:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

Principal Place of Business <b>3501 W. ROLLING HILLS CIRCLE DAVIE FL 33328</b>	Mailing Address <b>3501 W. ROLLING HILLS CIRCLE DAVIE FL 33328</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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**DUE BY MAY 1, 2003**

4. FEI Number <b>65-0186028</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MACAULAY, ROBERT ESQ  
2200 SUNTRUST INTERNATIONAL CENTER  
1 S.E. THIRD AVE.  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$301,131.06**

10. Amount of Capital Contributions in FLORIDA to date. **\$301,131.06**

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>L66961</b>
NAME	<b>INTERNATIONAL DINING, INC</b>
STREET ADDRESS	<b>3501 W ROLLING HILLS CIR</b>
CITY-ST-ZIP	<b>DAVIE FL</b>
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	<b>000018294490</b>
CITY-ST-ZIP	<b>05/06/03--01060--017 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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:** **NOBUAKI KASAI** 04/28/03 (954) 475-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0011508 AT

CR2E003 (10/02)

STAPLE CHECK HERE