

2001 UNIFORM BUSINESS REPORT (UBR)

0004768 AF

DOCUMENT # **A31969**

1. Entity Name

MONTY'S STONE CRAB AT BOCA RATON, LTD.

FILED

01 APR 27 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business	Mailing Address
5901 SW 74 ST., #408 MIAMI FL 33143	5901 SW 74 ST., #408 MIAMI FL 33143

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	65-0263445	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, MANUEL A 2665 SOUTH BAYSHORE DR. SUITE 200 MIAMI FL 33133	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.	300,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	S52781	STREET ADDRESS	
NAME	MONTY'S STONE CRABS AT BOCA RATON, INC.	CITY-ST-ZIP	500004195255--2
STREET ADDRESS	5901 S.W. 74 ST. STE. 408		05/11/01-01032-007
CITY-ST-ZIP	MIAMI FL		****535.00 ****535.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Manuel A. Diaz, Vice-Pres 3/23/01 (305) 285-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)