

2000 UNIFORM BUSINESS REPORT (UBR)

0013047

AF

DOCUMENT # A98000000351

1. Entity Name

FINS RAW BAR & GRILL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 6:13

Principal Place of Business
6767 NORTH WICKHAM ROAD, SUITE 400
MELBOURNE FL 32940

Mailing Address
6767 NORTH WICKHAM ROAD, SUITE 400
MELBOURNE FL 32940-2025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3494754		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
POORE, DAVID W 6767 NORTH WICKHAM ROAD, SUITE 400 MELBOURNE FL 32940				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. \$200,000.00 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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P98000006337	STREET ADDRESS		STREET ADDRESS			
NAME	SEBASTIAN FINS, INC.	CITY - ST - ZIP		CITY - ST - ZIP			
STREET ADDRESS	6767 NORTH WICKHAM ROAD, SUITE 400						
CITY - ST - ZIP	MELBOURNE FL 32940						
DOCUMENT #		STREET ADDRESS		STREET ADDRESS			
NAME		CITY - ST - ZIP		CITY - ST - ZIP			
STREET ADDRESS							
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NAME		CITY - ST - ZIP		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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-07-00 321-259-2431

CR2E003 (9/99)