

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000820**

1. Entity Name
PARK AVENUE RESTAURANT, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WL
5/28

02 MAY 13 AM 10:41

Principal Place of Business
**28 WEST CENTRAL BLVD
ORLANDO FL 32801**

Mailing Address
**312 WING CANE
WINTER PARK FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 401

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
59-3507676

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

**WILLIAMS, W
28 WEST CENTRAL BLVD
P.O. BOX 3444
ORLANDO FL 32801**

Name
Street Address (P.O. Box Number is Not Acceptable)
**28-42 WEST CENTRAL BLVD
Suite 401**
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 **WARREN WILLIAMS**

4-29-02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$100.00**

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 #	P98000029833
NAME	PARK AVENUE RESTAURANT, INC.
STREET ADDRESS	312 WING LANE
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: **WARREN WILLIAMS** **4-29-02** **407-425-1915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)