

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000820**

1. Entity Name

PARK AVENUE RESTAURANT, LTD.

Principal Place of Business

**28 WEST CENTRAL BLVD
ORLANDO FL 32801**

Mailing Address

**312 WING CANE
WINTER PARK FL 32789**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 AM 10:41



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3507676

Applied For

Not Applicable

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

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**

STREET ADDRESS

CITY-ST-ZIP

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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:

WARREN WILLIAMS

4-29-02

407-425-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)