

2001 UNIFORM BUSINESS REPORT (UBR)

0020155 AB

DOCUMENT # **B98000000299**

1. Entity Name

RT WEST PALM BEACH FRANCHISE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 28 PM 3:40

Principal Place of Business

1013 CENTRE ROAD
WILMINGTON DE 19805

Mailing Address

150 W. CHURCH AVE.
MARYVILLE TN 37801

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

63-1200359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

101,000

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

DOCUMENT # **P98000040150**
NAME **EMPIRE CONCEPTS, INC.**
STREET ADDRESS **18856 RED APPLE LANE**
CITY-ST-ZIP **JUPITER FL 33458**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

FF \$526.25

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature] **M. Paul**

2/17/01 561-743-0108

Date

Daytime Phone #

CR2E003 (11/00)