2000	LINIFORM RI	ISIN	FSS RFPO	RT	(UBB	2)	8	
2000 UNIFORM BUSINESS REPOR DOCUMENT # B9800000642					(021)	FILEU SECRETARY OF STATE	10/21 AF	
JB/UNIV	ERSAL CITY RESTAURANT F	ARTNERS	, L.P.			SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 256 WORTH AVENUE SUITE R & O PALM BEACH FL 33480			Mailing Address 256 WORTH AVENUE SUITE R & PALM BEACH FL 33480		0			
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FEI Number 95-4686324 Applied For Not Applicable		
Zip	Country	Zip		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Co	ırrent Regis	stered Agent		Name	7. Name and Address of New Registered Agent	•	
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301					Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	named entity submits this staten	nent for the p	ourpose of changing its	register	ed office or r	registered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registere	d agent and title	if applicable. (NOT	E: Registere	ed Agent signature	re required when reinstating) DATE		
9. Capital Contributions as Shown on record. \$8,700,000.00 10. Amount of Capital Cin.FLORIDA to date					butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	:-:	
	A GENERAL PARTI NOTE: General Partne	NER THAT	IS A BUSINESS EN OT be changed on the	TITY N	UST BE R i; an amen	REGISTERED AND ACTIVE WITH THIS OFFICE. Indiment must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION				13.		ADDRESS CHANGES ONLY	റ	
DOCUMENT # NAME	PALM BEACH FL 33480			STR	EET ADDRESS		(5/Q	
STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP	1000034468214 -11/01/0001049008	R2E003 (5/00)	
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STREET ADDRESS CITY-ST-ZIP				CITY	(-ST-ZIP			
DOCUMENT # NAME				STR	EET ADORESS			

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP 🕏 DOCUMENT.4

NAME STREET ADDRESS

CITY-ST-ZIP

