

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19181

1. Entity Name

UNIQUE RESTAURANT CONCEPTS, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90087 033 \*\*\*158.75

Principal Place of Business	Mailing Address
490 E. PALMETTO PARK RD., SUITE 110 BOCA RATON FL 33432	1515 S. FEDERAL HIGHWAY STE. 211 BOCA RATON FL 33432-7404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1515 South Federal Hwy</i> Suite, Apt. #, etc. <i>Ste 211</i>	3. Mailing Address Suite, Apt. #, etc.
City & State <i>Boca Raton, FL</i>	City & State
Zip <i>33432</i>	Country

4. FEI Number <b>59-2457541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MAX, DENNIS**  
**490 E. PALMETTO PARK RD., SUITE 110**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
*1515 So Federal Highway Ste 211*

City *Boca Raton* **FL** Zip Code *33432*

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>MAX, DENNIS</b> <b>490 E. PALMETTO PARK RD., SUITE 110</b> <b>BOCA RATON FL 33432</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MAX, PATTY</b> <b>490 E. PALMETTO PARK RD., SUITE 110</b> <b>BOCA RATON FL 33432</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BURTON, RAPOPORT,</b> <b>5300 N.W. 23RD WAY</b> <b>BOCA RATON FL 33496</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DANIEL CATALFUMO,</b> <b>1540 LATHAM ROAD</b> <b>WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1515 So Federal Highway Ste 211</i> <i>Boca Raton FL 33432</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1515 So Federal Highway Ste 211</i> <i>Boca Raton FL 33432</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-20-00*  
Date

*561-392-061*  
Daytime Phone #

CR2E034 (9/99)