

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H19181**

1. Entity Name  
**UNIQUE RESTAURANT CONCEPTS, INC.**



Principal Place of Business

**428 PLAZA REAL  
APT 224  
BOCA RATON, FL 33432**

Mailing Address

**428 PLAZA REAL  
APT 224  
BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2457541**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAX, DENNIS  
428 PLAZA REAL 224  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000135030  
04/28/04-80043-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MAX, DENNIS
STREET ADDRESS	428 PLAZA REAL 224
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	VPD
NAME	MAX, PATTY
STREET ADDRESS	428 PLAZA REAL 224
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	CATALFUMO, DANIEL
STREET ADDRESS	4300 BATALFUMO WAY
CITY - ST - ZIP	WEST PALM BEACH, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like changes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DENNIS MAX**

Date

Daytime Phone #

**4/26/04 661-392-0611**