FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90012 046 ***558.75

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H91420 1. Corporation Name

UNIQUE RESTAURANT CONCEPTS III, INC.

Principal Plac	e of Business	Mailing Address) (deidit alth idee) tioth eiem (fait eart eieth ofolk atot) oidit atoti dioit idei
490 E PALMETTO PARK		490 E PALMETTO PARK		·
110 1		110		DO NOT WRITE IN THIS SPACE
BOCA RATON FL 33432		BOCA RATON FL 33432 US		3. Date Incorporated or Qualified
03		00		12/20/1985
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26 1515 SO FEDERAL HWY		/ 59-2740485 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27 211		Fee Required
City & Stat	te	City & State 28 BOCA RATON	LT	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zíp	Country	28 DUCA PATON	Country	Trust Fund Contribution
24	25	29 33432 30	7	Intangible Personal Property. Yes No
24)	9. Name and Address of Curre	,, 1 1	-	10. Name and Address of New Registered Agent
81 Name				ı
MAX, DENNIS			82 Street	Address (P.O. Box Number is Not Acceptable)
490 E PALMETTO PARK BLVD			<u> </u>	
SUITE 110 BOCA RATON FL 33432			83	
	UN RATUR FL 33432		84 City	FL 85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE	Change Addition
NAME	MAX, DENNIS		1.2 NAME	
STREET ADDRESS	4201 N OCEAN BLV #C209		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	DVS	DELETE	2.1 TITLE	Change
NAME	MAX, PATTY		2.2 NAME	
STREET ADDRESS	4201_N_OCEAN_BLV_#C209_		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	- Operes	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME		<u></u> DELETÉ	3.2 NAME	Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETÉ	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZiP	<u> </u>
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

SIGNATURE:

9/13/99

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 annual report or supplemental annual 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 12 or Block 13 if changed, ocon a attachment with an address. 561-392-0611