## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED Feb 01, 2000 8:00 am **DOCUMENT # J73617** 1. Entity Name Secretary of State DINNER FOR TWO (OR MORE), INC. 02-01-2000 90036 015 \*\*\*158.75 Mailing Address Principal Place of Business 856 NW 47TH ST 856 NW 47TH ST POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-5009 DUULLIJJU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2790236 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent there reglaring in purposes to service of land year. Name RASCHELLA, DOMINIC L. S. (P.O. Box Number is Not Acceptable) 856 NW 47TH ST POMPANO BEACH FL 330 Zin Code red agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE Signature, typed or printed name of I when reinstating) 9. This corporation is eligible to satisfy 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to d Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change TITLE RASCHELLA, DOMINIC NAME STREET ADDRESS 856 NW 47TH ST CITY-ST-ZIP POMPANO BCH. FL ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NÂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.