

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90094 002 \*\*\*150.00

DOCUMENT # K88462

1. Entity Name

UNIQUE RESTAURANT OF BOCA, INC.

Principal Place of Business

Mailing Address

~~1515 SO FEDERAL HWY~~  
~~211~~  
~~BOCA RATON FL 33432~~  
US

~~1515 SO FEDERAL HWY~~  
~~211~~  
~~BOCA RATON FL 33432~~  
US

2. Principal Place of Business

3. Mailing Address

315 SE MIZNER BLVD  
STE 208

315 SE MIZNER BLVD  
STE 208

City & State  
BOCA RATON, FL  
Zip  
33432  
Country  
US

City & State  
BOCA RATON, FL  
Zip  
33432  
Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0133321

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAX, DENNIS  
~~1515 SO FEDERAL HWY~~  
~~STE 211~~  
~~BOCA RATON FL 33432~~

Name  
MAX DENNIS  
Street Address (P.O. Box Number is Not Acceptable)  
315 SE MIZNER BLVD  
STE 208  
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

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

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAX, DENNIS 4201 N OCEAN BLVD #C209 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MAX, PATTI 4201 N OCEAN BLVD #C209 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LEVINE, BURTON 6539 RACQUET CLUB DR LAUDERHILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RAPOPORT, BURTON 5540 COACH HOUSE CIR BOCA RATON FL	<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

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MAX PATTI 315 SE MIZNER BLVD - S. 208 BOCA RATON, FL 33432	<input checked="" 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
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

Dennis Max

Date

4-26-01

Daytime Phone #

CR2E034 (10/00)