2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # L66961 Jun 07, 2000 8:00 am 1. Entity Name Secretary of State INTERNATIONAL DINING, INC. 05-01-2000 90460 031 \*\*\*150.00 Malling Address Principal Place of Business 3501 WEST ROLLING HILLS CIR 3501 ROLLING HILLS CIR. FORT LAUDERDALE FL 33328-1944 FT.LAUDERDALE FL 33131 HŚ 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0186013 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Carlos Reyes, Esq. ROTH, JOEL Street AMORNEPO FIRITIO Vehization A Reves) P.A. **NORTHERN TRUST PLAZA** 200 Southeast Ninth Street 301 YAMATO RD., STE. 1200 **BOCA RATON FL 33431** Zip **333-16** Ft. Lauderdale, Florida 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Deleta DILE KASAI,NOBUAKI NAME NAME STREET ADDRESS 3501 WEST ROLLING HILLS CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL 33328 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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). Floride Statutes, I turther 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.