2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90034 046 ***150.00

DOCUMENT # M23613

1. Entity Name

FLORIDA RESTAURANT DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
~~7154 S.W. 47 ST. STE.C~~ ~~MIAMI FL 33155~~	~~7154 S.W. 47 ST. STE.C~~ ~~MIAMI FL 33133-4109~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3 GROVE ISLE DRIVE	3 GROVE ISLE DRIVE
Suite, Apt. #, etc.: 505	Suite, Apt. #, etc.: 505
City & State: COCONUT GROVE FL	City & State: COCONUT GROVE FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number 59-2610103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEINSWOG, BENJAMIN S.
~~8265 S.W. 145TH STREET~~
~~MIAMI FL 33158~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 3 GROVE ISLE DRIVE #505

City: COCONUT GROVE FL Zip Code: 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD FEINSWOG, BENJAMIN S. 8265 S.W. 145TH STREET MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FEINSWOG BENJAMIN S. 3 GROVE ISLE DRIVE #505 COCONUT GROVE FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LLOYD SPECK 8365 SW 185 TERRACE MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FEINSWOG MALVINA S. 3 GROVE ISLE DRIVE #505 COCONUT GROVE FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: S. FEINSWOG PRESIDENT 4/17/00 305-860-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #