

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.

Suite, Apt. #, etc.

505

505

City & State

City & State

COCONUT GROVE FL

COCONUT GROVE FL

Zip

Country

Zip

Country

33133

USA

33133

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

7. Name and Address of New Registered Agent

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

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

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, 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 PD
NAME FEINSWOG, BENJAMIN S.
STREET ADDRESS 8265 S.W. 145TH STREET
CITY-ST-ZIP MIAMI FL



TITLE VP
NAME LLOYD SPECK
STREET ADDRESS 8365 SW 185 TERRACE
CITY-ST-ZIP MIAMI FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



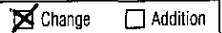
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE PD
NAME FEINSWOG BENJAMIN S.
STREET ADDRESS 3 GROVE ISLE DRIVE #505
CITY-ST-ZIP COCONUT GROVE FL



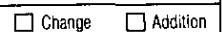
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE SD
NAME FEINSWOG MALVINA S.
STREET ADDRESS 3 GROVE ISLE DRIVE #505
CITY-ST-ZIP COCONUT GROVE FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
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.

SIGNATURE: *[Signature]* **APPROVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

305-860-1102

Daytime Phone #

CR2E034 (9/99)