


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-05-2003 90084 021 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

3/8

DOCUMENT # N02000000864			
1. Entity Name THE WEST DIXIE ROOM, INC.			
Principal Place of Business 1636 NE 148TH ST. N. MIAMI FL 33181		Mailing Address 1636 NE 148TH ST. N. MIAMI FL 33181	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0601001		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CURTIS, LEWIS S 1636 NE 148TH ST. N. MIAMI FL 33181		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and date if applicable		(NOTE: Registered Agent signature required when reissuing)	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTIS, LEWIS S 1636 NE 148TH ST. N. MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lewis Steven Curtis 1636 NE 148th St. N. Miami, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDELBERG, MELINDA 1636 NE 148TH ST. N. MIAMI FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melinda Edelberg 1636 NE 148th St. N. Miami, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Natland 1636 NE 148th Street N. Miami, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Melinda Edelberg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/3/03 Daytime Phone #: 305-892-0115	

CRE0037 (10/02)