2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIG

ING OFFICER OR DIRECT

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P0000061415 BENNATE RESTAURANT, INC. 01-31-2001 90013 037 ***150.00 Principal Place of Business Mailing Address 100 SOUTH MILITARY TRAIL 100 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 pcinal Place of Busines Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65 Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNN, KENNETH J ESQ. FEDER & DUNN, P.A. 1701 W. HILLSBORO BLVD., #302 DEERFIELD BRACH FL 33442 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 22 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition Juster NAME NAME STREET ADDRESS 3225 E. oucyside STREET ADDRESS CITY-ST-7IP Coeffer city CITY-ST-ZIP 34026 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 3225 G GUELKE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cooper ci ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . 🔲 Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or supplymental 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 receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if imment with an address, with all other like empowered. 13. I hereby certify that the information indicated on this report or of the corporation or the changed, or on an attac