

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV 17 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 100 000069038

1. Entity Name  
*Restaurantmeals, Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>1499 Sawgrass Corp. Pkwy</i>		3. Mailing Address <i>1422 Lantana Ct</i>	
Suite, Apt. #, etc. <i>1422 Lantana Ct</i>		Suite, Apt. #, etc.	
City & State <i>Sunrise Weston</i>		City & State <i>Weston Florida</i>	
Zip <i>33322</i>	Country <i>Broward</i>	Zip <i>33326</i>	Country <i>USA</i>

800025082008  
11/26/03--01065--028 \*\*300.00

**REINSTATEMENT** 03

4. FEI Number <i>65-1038325</i>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Ed Schwartz*

Street Address (P.O. Box Number is Not Acceptable)  
*1422 Lantana Ct*

City *Weston* FL Zip Code *33326*

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]* DATE *10/15/02*

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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Ed Schwartz 1422 Lantana Ct. Weston Florida 33326</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *10/2/02* 954-670-0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

Restaurantmeals, Inc.

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee Florida 32302-1500

October 7, 2002

To whom it concerns,

~~Upon calling and speaking to your office I was directed to write and explain that I did not~~  
file due to not receiving the UBR form. I recently was made aware of the necessary filing  
through my business accountant.

I have enclosed a check for \$150.00 for the original filing and would greatly appreciate if  
your office could take into consideration that the penalty creates a hardship for my small  
company.

I downloaded from your web site the proper report and have also enclosed the completed  
forms per instructions.

I can be reached at:

Restaurantmeals, Inc.  
1499 Sawgrass Corporate Parkway  
Sunrise Florida 333233  
954-670-0082

Thank you for your consideration in this matter



Ed Schwartz  
President, Restaurantmeals, Inc.