

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

DOCUMENT # P00000102715

1. Entity Name

TDL RESTAURANT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 East Atlantic Ave.

Suite, Apt. #, etc.

#325

City & State

Delray Beach, FL

Zip

33444

Country

US

3. Mailing Address

110 East Atlantic Ave.

Suite, Apt. #, etc.

#325

City & State

Delray Beach, FL

Zip

33444

Country

US

APPROVED
AND
FILED

02 OCT -2 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1051870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICIA LEBOW, P.A.

Street Address (P.O. Box Number is Not Acceptable)

One North Clematis Street

Suite 500

City

West Palm Beach

FL

Zip Code

33401

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)

9/17/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D/P/S/T
NAME Depierro, John
STREET ADDRESS 110 East Atlantic Ave. #325
CITY-ST-ZIP Delray Beach, FL 33444

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STREET ADDRESS
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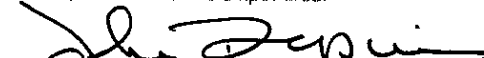
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN DEPIERRO, PRES.

9/17/02

Date

Daytime Phone #