FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMEND

APPROVED AND FILED
02 OCT -2 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102715

1. Entity Name

TD1 RESTAURANT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
110 East Atlantic Ave.	110 East Atlantic Ave.
Suite, Apt. #, etc.: #325	Suite, Apt. #, etc.: #325
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33444 Country: US	Zip: 33444 Country: US

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

DO NOT WRITE IN THIS SPACE

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: Patricia Lebow pres. 9/17/02

Signature, Typed or Printed name of registered agent and title if applicable: PATRICIA LEBOW, PRES. (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) ☒

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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	400008243894--2
NAME	-10/08/02--01001--010
STREET ADDRESS	*****61.25 *****61.25
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CITY-ST-ZIP	

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: John Depierro 9/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN DEPIERRO, PRES. Date Daytime Phone #