

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90223 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000016418			
1. Entity Name FAMILY RESTAURANTS OF MELBOURNE, INC.			
Principal Place of Business 4225 GENESEE ST. BUFFALO, NY 14225		Mailing Address 2499 GLADES RD STE 106 BOCA RATON, FL 33431	
2. Principal Place of Business		3. Mailing Address 7634 NW 6th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON FL		4. FEI Number 65-1084691	
Zip 33487		Country US	
5. Name and Address of Current Registered Agent SIEGEL, NAT 2499 GLADES RD., #106 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7634 NW 6th AVE City BOCA RATON FL Zip Code 33487	
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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____			
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSENTINO, JAMES A 4225 GENESE ST CLEEKTOWAGA, NY 14225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 predecessor or trustee empowered to execute this report as required by Chapter 607, 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: _____		561-893-0535	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES COSENTINO		Date 4-4-03	

CFR2034 (10/02)