P01000041111 OINSECRETATION O3 JAN - 6 PH 3: 32 Requester's Name ATIONS 103 Sweetwater Hills On ŧ LONGWOOD E 32779 700008048427--5 -09/26/02-01036-001 \*\*\*\*\*\*35.00 \*\*\*\*\*35.00 -5

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
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Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
	Dissolution/Withdrawal
U Other	L Merger
OTHER FILINGS	<b>REGISTRATION/QUALIFICATION</b>
Annual Report	U Foreign
Fictitious Name	Limited Partnership Reinstatement Trademark Other V SHEFARD JAN 1 3 2003
	Trademark
	Other V SHEPARD JAN 1 5 2003
	Examiner's Initials

CR2E031(7/97)

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## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 1, 2002

MICHAEL MOYAL JERUSALEM KOSHER RESTAURANT & CATERING 8255 INTERNATIONAL DR., STE. 140 ORLANDO, FL 32819

SUBJECT: JERUSALEM KOSHER RESTAURANT AND CATERING, INC. Ref. Number: P01000041111

We have received your document for JERUSALEM KOSHER RESTAURANT AND CATERING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Document Specialist

Letter Number: 502A00055359



Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314





## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 28, 2002

MICHAEL MOYAL JERUSALEM KOSHER RESTAUTANT & CATERING 8255 INTERNATIONAL DR., STE. 140 ORLANDO, FL 32819

SUBJECT: JERUSALEM KOSHER RESTAURANT AND CATERING, INC. Ref. Number: P01000041111

We have received your document for JERUSALEM KOSHER RESTAURANT AND CATERING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Document Specialist

Letter Number: 202A00059130

DIVISION OF CORPORATIONS RECEIVED JAN 13 AM 11: 05

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of  $\land Q$ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation : 2. The mailing address of the corporation : (LD) Document number: PO100004111 3. Date of incorporation/qualification: 4. The name and address of the current registered agent and registered office: ふ YО 5. The name and address of the new (if changed) and /or registered office (if changed # 140 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so

authorized by the board	
X Y HUY	1/6/04
(Signature of an officer, chairman or vice chairman of the board)	(Date)
MICHARD MALAL DOS	

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

If signing	on	behalf	of	an	entity:
U V					

(Typed or Printed Name)

(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

P.O. Box 6327