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

SIGNATURE:

## FILED Feb 14, 2003 8:00 am Secretary of State

1/29

01-29-2003 90292 047 \*\*\*150.00

DOCUMENT # P0100061869 I. Entity Name AMERICAN RESTAURANT ASSOCIATION INC						วิจักกร • • •		
Principal Place of Business  2556 10TH STREET  SUITE 304  SARASOTA FL 34237  Analong Address  SARASOTA FL 34237  3. Mailing Address								
2. Principal Pla 3305 Suite, Apt. #	Ramblewood Dr. N.	PO Box Suite, Apt. #, etc.	5141	82		CHECK HERE IF MA	KING CHANGES	
City & State		City & State	FL		1	58-2436380		olied For Applicable
Sara	sota FL Country	. Sarasota	Cou	ntry		i. Certificate of Status Desired	\$9.75 Addit	tional
Zip 342	3m USA	34232		US A	ı	. Name and Address of New Regist	<u> </u>	
	6. Name and Address of Current	Registered Agent		Name				
MALONI, D	OIVAC		n- *	Street Ad	dress (P.C	). Box Number is Not Acceptable)	<del>- , see a refere</del>	<del></del>
2556 10Th	ISTREET PO BOX ST	CL 34232 Ramblewood Dr. N		ļ — —		·····		
SUITE 304	L Sarasoh	Samplement Dr. N	der M				Zip Code	
SARASOTA FL 34237 Sarasota, FL 34237				1	office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
the obligation	named entity submits this statement to one of registered agent.  Signature, hypers printed here of registered agent.	On				President	1/24/03 DATE	10
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	21 45 25 3	ing geograpi Qeli Filiji.	75% र १५५४ में ये 144	ा <u>।</u>	Trust Fund Contribution	Added د کیا ہے۔	to Fees
10.	OFFICERS AND	DIRECTORS.	11		PO	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	Addition
TITLE NAME STREET ADDRESS	PD MALONI, DAVID 2556 10TH STREET	Delete	N/ ST	TLE AME Treet address ITY+ST-ZIP	DAVID	Maleni Ramblewood Dr N sola, FL 34237	· · · · · · · · · · · · · · · · · ·	· • · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	SARASOTA FL 34237	☐ Delete		TLE	Jichar		Change	☐ Addition
TITLE NAME STREET ADDRESS		Decare	N S	ame Treet aduress				
CITY-ST-ZIP			<u></u>	ITY-SI-ZIP				■ Addition
TITLE NAME STREET ADDRESS	-		N	IAME TREET ADDRESS		<u> </u>		
CITY-ST-ZIP			<del></del>	STY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS		Delete	N	ITLE HAME HREET ADDRESS				
CTTY-ST-ZIP	}			TY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delæte	8	itle Name Street adoress City-St-Zip	] 		[] Orange	
CITY-ST-ZIP	<del></del>	Detete		TITLE			☐ Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS CITY-ST-ZIP	,	·		
12. I hereby indicated	certify that the information supplied widen this report or supplemental report proration or the receiver or trustee emit, or on an attachment with an address	nowered to execute this re	aport as re	exemption sta mature shall h quired by Cha	ted in Sec have the sapter 607,	stion 119.07(3)(i), Florida Statutes. I fur ame legal effect as if made under oath Florida Statutes; and that my name ap	her certify that the li ; that I am an officer pears in Block 10 o	nformation for director r Block 11 if