

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0160996 AV

DOCUMENT # P01000087047
 1. Entity Name
BAHAMIAN DINER INC.

03-28-2002 90797 001 *****8.75
 03-28-2002 90797 002 ***150.00

Principal Place of Business Mailing Address
 17396 SW 33RD CT 17396 SW 33RD CT
 MIRAMAR FL 33029 MIRAMAR FL 33029



2. Principal Place of Business 3. Mailing Address
 1010 S 56 AVE 3505 NW 89 TERR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 HOLLYWOOD FL COOPER CITY FL
 Zip Country Zip Country
 33023 USA 33024 USA

4. FEJ Number Applied For
 65-1138736 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROLLE, ULRICH
 17396 SW 33RD CT
 MIRAMAR FL 33029

7. Name and Address of New Registered Agent
 Name: ~~ANNMARIE ANAJE~~
 Street Address (P.O. Box Number is Not Acceptable): 3505 NW 89 Terr.
 City: Cooper City FL Zip Code: 33024

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]* DATE: 03-08-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 <input checked="" type="checkbox"/> Delete
NAME	ROLLE, ULRICH
STREET ADDRESS	17396 SW 33RD CT
CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	D <input type="checkbox"/> Delete
NAME	ANAJE, ANNMARIE
STREET ADDRESS	1010 S 56TH AVE 3505 NW 89 TERR
CITY-ST-ZIP	HOLLYWOOD FL 33023 COOPER CITY 33024
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* ANNMARIE ANAJE DATE: 03-08-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)