


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 034 ***150.00

DOCUMENT # PO1000087047
1. Entity Name
BAHAMIAN DINER INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1010 S. 56 AVE
Suite, Apt. #, etc.

3. Mailing Address
1010 SOUTH 56 AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD, FL

4. FEI Number Applied For
Not Applicable

Zip 33023 Country U.S.A Zip 33023 Country U.S.A

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 ANNMARIE ANAJE

Street Address (P.O. Box Number is Not Acceptable)
1010 SOUTH 56 AVE

City HOLLYWOOD State FL Zip Code 33023

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 [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 4/28/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT ANNMARIE ANAJE 1010 SOUTH 56 AVE, HOLLYWOOD, FL 33023</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] OWNER PRESIDENT 954 983-9667
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)