2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

| DOCUMENT # P02000045514 | | | | | | | FILED | | | | | | | |
|--|--|---|------------------|---|-----------------------|-------------------------------|--|---|--------------------------|--------------------------|--------------------------------------|-------------------------|---|--|
| 1. Entity Name NOSTALGIA'S AT THE PLAZA CAFE, INC. | | | | | | | | 03 SEP 10 AM 9: 06 | | | | | | |
| Principal Place 291 S.E. MIZI BOCA RATON | NER BLVD S | | 291 9 | Mailing Address 291 S.E. MIZNER BLVD., STE. 458 BOCA RATON FL 33432 | | | | SECRETARY OF STATE FALLAHASSEE, FLORIDA | | | | | | |
| | | | | | | | | | | | | | | |
| 2. Principal F | Place of Busin | ness | 3. Mai | 3. Mailing Address | | | | | | | 11 11 11 11 1 | | | |
| Suite, Apt. | #, etc. | | Suite | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | | |
| City & Stat | e | · · · · · · · · · · · · · · · · · · · | City | City & State | | | | 4. FEI Number Applied For Not Applicable Not Applicable | | | | | · · · · · · · · · · · · · · · · · · · | |
| Zip | Country | | | Zip Cou | | | _ | | cate of Stat | - | | \$8.75 Ac Fee Requir | | |
| | 6. Name | Nome | - | 7. Name | and Addre | ss of New | Registere | ed Agent | | | | | | |
| DACKS, TRACEY 291 S.E. MIZNER BLVD., STE. 45B BOCA RATON FL 33432 | | | | | | | Name MARY PACKARD Street Address (P.O. Box Number is Not Acceptable) 291 S.E. MIZNER BUYD, STE. 45-B | | | | | | | |
| | | | | | | | Δ | RATON |) | | F | L Zip Co | 1 22 | |
| | named entit | y submits this statemer ered agent. | nt for the purp | ose of changing its | s registere | City Boc ad office or r | egister | | | State of F | Florida. I a | am familiar with | , and accept | |
| SIGNATURE . | SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| F | ILE NOW! | ! FEE IS \$550.00 | | | | | | | | | | | • | |
| After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State | | | | | | | | 9. | Election C Trust Fund | ampaign r I Contribut | _ | | 00 May Be ed to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | | | | | | | SES TO OF | FICERS A | ND DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | racey Mizner Blvd., Ste Ton Fl 33432 | . 458 | Delete | | | M 29 | RESID ARY T I SIEI CH RA | ackat Mizne | ir BCV | L ST 432 | Change E, 45-B | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | í | | - k _ v · · | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | | □ Delete | TITLE NAMI STRE | | | | | | <u> </u> | ☐ Change | Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | | | ☐ Delete | | | | | | | | ☐ Change | Addition | |
| indicated | on this repor | e information supplied t or supplemental repo ne receiver or trustee et | rt is true and : | accurate and that r | my signat | ure shall ha | ve the s | same legal e | ffect as if n | nade unde | r oath; tha | t I am an office | r or director | |

Dear Seentary of State:

when I called today I tound out that a letter was sent to me on may 16,2003 to Fill in # 4 Block (FEI Number) I dednot receive that letter. I paid Corporation Report Fee teach on April 36,2003 CHK# 1116. Please vaive late Fee as I dednot receive may 16,2003 letter.

Sincerely Many Packard

A Form sent takes all my Daughter Tracey Dacks as President and puts myself on

Thank you mp