

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053352
Entity Name
D & T RESTAURANT CORPORATION

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90009 013 ***150.00

Principal Place of Business Mailing Address
COCONUT ROW 44 COCONUT ROW
BEACH FL 33480 PALM BEACH FL 33480-4069

Principal Place of Business 3. Mailing Address
44 COCONUT ROW 44 COCONUT ROW
Suite, Apt. #, etc. Suite, Apt. #, etc.

945622



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0514969 Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

KIRIN, TINA
44 COCONUT ROW
PALM BEACH FL 33480

Name-
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

Tina Kirin *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D ZAGAR, DARIO 44 COCONUT ROW PALM BEACH FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	D KIRIN, TINA 44 COCONUT ROW PALM BEACH FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. 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]* 4/17/00 (561) 659-3241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)