

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

03/28/02

**DOCUMENT # P95000012749**

**1. Entity Name**  
**BOCA DINING AND ENTERTAINMENT CORP.**

03-28-2002 90164 016 \*\*\*150.00

**Principal Place of Business**  
 5713 CORPORATE WAY  
 SUITE 200  
 W. PALM BEACH FL 33407

**Mailing Address**  
 5713 CORPORATE WAY  
 SUITE 200  
 W. PALM BEACH FL 33407

00000000



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 5970 SW 18th St  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 Boca Raton, FL

**City & State**

**4. FEI Number** 65-0565843 **Applied For**  
 Not Applicable

**Zip** 33433 **Country** USA

**Zip** **Country**

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

**6. Name and Address of Current Registered Agent**  
 FIELDS, GARY D  
 ADMIRALTY TOWER - SUITE 700  
 4400 PGA BLVD.  
 PALM BEACH GARDENS FL 33410

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, ANTHONY L</b>	NAME	
STREET ADDRESS	<b>5713 CORPORATE WAY, SUITE 200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33407</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 empowerments.**

**SIGNATURE:** \_\_\_\_\_ **3/8/2002** Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)