

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90223 049 ***150.00

0398587 AV

DOCUMENT # P96000011435

1. Entity Name
DYNAMIC RESTAURANT DEVELOPMENT OF FLORIDA, INC.



Principal Place of Business
2499 GLADES RD.
SUITE 106 B
BOCA RATON FL 33431

Mailing Address
2499 GLADES RD.
SUITE 106 B
BOCA RATON FL 33431

2. Principal Place of Business

7634 N.W 6th AVE
Suite, Apt. #, etc.

3. Mailing Address

7634 N.W 6th AVE
Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number **58-2291904**

Applied For

Not Applicable

Zip
33487

Country
US

Zip
33487

Country
US

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

SIEGEL, NAT
2499 GLADES RD.
SUITE 106 B
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

7634 N.W 6th AVE

City

BOCA RATON

FL

Zip Code

33487

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COSENTINO, JAMES A	
STREET ADDRESS	4225 GENESEE ST.	
CITY-ST-ZIP	CHEEKTOWAGA NY 14225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

Date

561-893 0535

Daytime Phone #

CR2E034 (10/02)