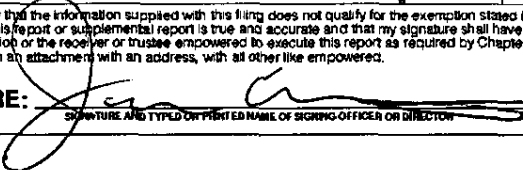


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90223 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000096464		
1. Entity Name FAMILY RESTAURANTS OF FLORIDA, INC.		
Principal Place of Business 2499 GLADES RD STE 106-B BOCA RATON, FL 33431 US		Mailing Address 2499 GLADES RD STE 106-B BOCA RATON, FL 33431 US
2. Principal Place of Business		3. Mailing Address 7634 N.W. 6th AVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State BOCA RATON		4. FEI Number 65-0720241
Zip 33487	Country USA	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
SIEGEL, NAT 2499 GLADES RD, SUITE 106 BOCA RATON, FL 33431-31		
7. Name and Address of New Registered Agent		
Name 7634 N.W. 6th AVE		
City BOCA RATON FL 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's signature required when relisting) DATE _____		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSENTINO, JAMES A 4225 GENESSEE ST CHEEKTOWAGA, NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  4/8/03 561-893-0535		

CH2E034 (10/02)