

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 012 ***150.00

DOCUMENT # P96000102461
1. Entity Name PALM BEACH RESTAURANT MANAGEMENT COMPANY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1701 W. HILLSBORO BLVD. Suite, Apt. #, etc. SUITE 301 City & State DEERFIELD BEACH, FL Zip 33442	3. Mailing Address 1701 W. HILLSBORO BLVD. Suite, Apt. #, etc. SUITE 301 City & State DEERFIELD BEACH, FL Zip 33442
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0714379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name WEINTRAUB, PETER B.	
Street Address (P.O. Box Number is Not Acceptable) 1701 W. HILLSBORO BLVD.	
City DEERFIELD	Zip Code FL 33442

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUNLAP, EDWARD B. 1701 W. HILLSBORO BLVD., SUITE 301 DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X *Lucretia K. Simpson*** **4-24-03** **724-743-7747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)