

2000 UNIFORM BUSINESS REPORT (UBR)

0283756

DOCUMENT # P97000022691

1. Entity Name
VALUE DINING INCORPORATED

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1500 N FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE FL 33304
 Mailing Address: 1500 N FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE FL 33304-1432

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0737920** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CHRISTIANSEN, MICHAEL E
 1500 N FEDERAL HIGHWAY
 SUITE 200
 FORT LAUDERDALE FL 33304

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 _____ (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. (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

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D MARKLEY, STEVE
STREET ADDRESS	P.O. BOX 290276
CITY-ST-ZIP	FT LAUDERDALE FL 33329
TITLE	<input type="checkbox"/> Delete
NAME	D SINGERMAN, RON
STREET ADDRESS	349 GRECO AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> Delete
NAME	D SINGERMAN, GILBERT
STREET ADDRESS	1920 S BELVOIR
CITY-ST-ZIP	S. EUCLID OH 44121
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Markley, Steve
STREET ADDRESS	3704 NW 82nd Avenue
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowered.

SIGNATURE: Steve Markley **Steve Markley** President Date: 2/4/2000 Daytime Phone #: 9543403185

CR2E034 (9/99)