

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044206

1. Entity Name  
**PALM BEACH DINING & ENTERTAINMENT CORP.**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90023 003 \*\*\*150.00

Principal Place of Business % LEASING TECHNOLOGY, INC., LTI CORP. CNTR 5713 CORPORATE WAY, STE. 200 WEST PALM BEACH FL 33407	Mailing Address % LEASING TECHNOLOGY, INC., LTI CORP. CNTR 5713 CORPORATE WAY, STE. 200 WEST PALM BEACH FL 33407-2045
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 901 Village Blvd Suite, Apt. #, etc. # 703 City & State West Palm Bch FL	3. Mailing Address 5713 Corporate Way Suite, Apt. #, etc. # 100 City & State West Palm Bch FL
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4. FEI Number 65-0818949	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired 33409 - USA	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROWN, BENJAMIN P ESQ.**  
**% HEINRICH GORDON HARGROVE ET AL.,**  
**140 ROYAL PALM WAY, STE. 206**  
**PALM BEACH FL 33480**

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.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAHAM, ANTHONY L</b> <b>5713 CORPORATE WAY, STE. 206</b> <b>WEST PALM BEACH FL 33407</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HABIB, CARL</b> <b>5713 CORPORATE WAY, STE. 206</b> <b>WEST PALM BEACH FL 33407</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 lines empowered.

SIGNATURE: Anthony L Graham 1/4/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)