## 2000 UNIFORM BUSINES'S REPORT (UBR)

## **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P97000094618 C.G. 431 PARTNERS, INC. 03-15-2000 90111 040 \*\*\*150.00 Principal Place of Business Mailing Address 404 WASHINGTON AVE 433 WASHINGTON AVENUE MIAMI BEACH FL 33139-6600 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt, #, etc. City & State 4. FEI Number Applied For City & State 65-0801754 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BY PARTNERS, INC Street Address (P.O. Box Number is Not Acceptable) C/O CHINA GRILL **404 WASHINGTON AVENUE** MIAMI BEACH FL 33139 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE CHODOROW, LINDA NAME NAME STREET ADDRESS 19925 NE 39TH PL, P4-701 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33150** ☐ Change ☐ Addition VTD □ Delete TITLE NAME POLSENBERG, JACK NAME STREET ADDRESS STREET ADDRESS 4 GARTLEY DRIVE CITY-ST-ZIP CITY-ST-ZIP **NEWTOWN SQUARE PA 19073** Change ☐ Addition VSD Delete\_ TITLE TITLE NAME FAGGEN, NEIL NAME 1248 GULPH CREEK DRIVE STREET ADDRESS STREET ADDRESS 155 COOPERTOWN ROAD CITY-ST-ZIP CITY-ST-ZIP HAVERFORD PA 19041 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

Droow

SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNATURE