## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM DOCUMENT # **P9800006960** 1. Entity Name **Secretary of State** VALUE DINING OF CORAL SPRINGS, INC. Principal Place of Business Mailing Address 1500 N. FEDERAL HIGHWAY, SUITE 200 1500 N. FEDERAL HIGHWAY, SUITE 200 FORT LAUDERDALE FL FORT LAUDERDALE FL 33304 33304 2. Principal Place of Business 3. Mailing Address 3704 NW 82ND AVENUE 3704 NW 82ND AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For CORAL SPRINGS FL CORAL SPRINGS 65-0810748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRISTIANSEN MICHAEL MARKLEY 1500 N. FEDERAL HIGHWAY, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) 3704 NW 82ND AVENUE FORT LAUDERDALE FL33304 US City Zip Code CORAL SPRINGS 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. STEVE MARKLEY 04/26/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition SINGERMAN GILBERT MAME NAME STREET ADDRESS 1920 S. BELVOIR STREET ADDRESS S. EUCLID OH 44121 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME SINGERMAN RON NAME STREET ADDRESS 349 GRECO AVE. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MARKLEY STEVE NAME STREET ADDRESS 3704 NW 82ND AVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS 33065 CITY-ST-ZIP TITLE ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 04/26/2001

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR