

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000006961

1. Entity Name
VALUE DINING OF TAMARAC, INC.

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

2. Principal Place of Business
3704 NW 82ND AVENUE

3. Mailing Address
3704 NW 82ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number
65-0810750

Applied For
Not Applicable

Zip
33065

Country

Zip
33065

Country

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 US

7. Name and Address of New Registered Agent

Name
MARKLEY STEVE
Street Address (P.O. Box Number is Not Acceptable)
3704 NW 82ND AVENUE
City
CORAL SPRINGS FL Zip Code
33065

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 STEVE MARKLEY

04/26/2001

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 D ☐ Delete
NAME SINGERMAN GILBERT
STREET ADDRESS 1920 S BELVOIR
CITY-ST-ZIP S. EUCLID OH 44121

TITLE D ☐ Delete
NAME SINGERMAN RON
STREET ADDRESS 349 GRECO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☐ Delete
NAME MARKLEY STEVE
STREET ADDRESS 3704 NW 82ND AVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

D

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)