2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016013 *Dutch Pot Restauran*

1. Entity Name

DUTCH POT FOODS INC.

Principal Place of Business	Mailing Address
6857 TAFT ST. HOLLYWOOD FL 33024	6857 TAFT ST. HOLLYWOOD FL 33024-5601

Dutch Pot Restaurant

2. Principal Place of Business *6857 Taft Street*	3. Mailing Address
Suite, Apt. #, etc. *Hollywood Fl.*	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

| City & State *Hollywood Fl.* | City & State |

Zip *33024*	Country *USA*	Zip	Country

4. FEI Number **65-0708222** □ Applied For □ Not Applicable

5. Certificate of Status Desired □ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, MELDA 1116 N 75TH AVE. HOLLYWOOD FL 33024	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 _____ *4/20*

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, 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 PS NAME SMITH, MELDA STREET ADDRESS 116 N 76 AVE CITY-ST-ZIP HOLLYWOOD FL 33024	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*President* *A16 N 75 Avenue* *Hollywood Fl 33024*	☑ Change	□ Addition
TITLE VP NAME SMITH, EGBERT STREET ADDRESS 116 N 76 AVE CITY-ST-ZIP HOLLYWOOD FL 33024	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Vice President* *Same*	☑ Change	□ Addition
TITLE T NAME SMITH, EARL STREET ADDRESS 116 N 76 AVE CITY-ST-ZIP HOLLYWOOD FL 33024	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Secretary* *Same*	□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	□ Addition

CR2E034 (9/99)

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: _____ *4/20/00* *954-987-63*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #