

# 2001 UNIFORM BUSINESS REPORT (UBR)

0110250

DOCUMENT # P98000016236

1. Entity Name

DINNERS TO GO! INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 28 PM 4: 24

Principal Place of Business

1901 N 61 AVE  
HOLLYWOOD FL 33024

Mailing Address

1901 N 61 AVE  
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0814289

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

SP

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARGAS, MARTIN T  
1901 N 61 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
VARGAS, INGRID L  
1901 N 61 AVE  
HOLLYWOOD FL 33024



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPV  
VARGAS, MARTIN T  
1901 N 61 AVE  
HOLLYWOOD FL 33024



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



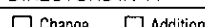
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



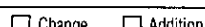
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



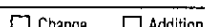
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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\*\*\*\*\*758.75 \*\*\*\*\*758.75



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



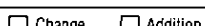
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CITY-ST-ZIP



TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN T. VARGAS

Date

Daytime Phone #

9/26/01

954-448-4621

CR2E034 (10/00)