

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042418  
Entity Name  
MLM Restaurant Corporation

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN 12 AM 11:37

Principal Place of Business  
23269 S. STATE ROAD 7  
BOCA RATON, FL 33428

3. Mailing Address  
23269 S. STATE ROAD 7  
City & State  
BOCA RATON, FL  
Zip  
33428

4. FEI Number  
59-3513996  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
BARBARA TAYKAN  
2264 NW 44TH ST  
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent  
Name  
BARBARA TAYKAN  
Street Address (P.O. Box Number is Not Acceptable)  
2264 NW 44TH ST  
City  
CORAL SPRINGS, FL Zip Code  
33065

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, typed or printed name of registered agent and title if applicable  
Barbara Taylor  
(NOTE: Registered Agent signature required when reappointing)  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
FILE NOW!!! FEE IS \$100.00  
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                      | PRESIDENT                 | <input type="checkbox"/> Delete | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARBARA TAYKAN            |                                 | NAME                                                  | 000003299810--6       |                                                                   |
| STREET ADDRESS             | 2264 NW 44TH ST           |                                 | STREET ADDRESS                                        | -06/21/00--01103--009 |                                                                   |
| CITY-ST-ZIP                | CORAL SPRINGS, FL 33065   |                                 | CITY-ST-ZIP                                           | ****150.00 ****150.00 |                                                                   |
| TITLE                      | VICE PRESIDENT            | <input type="checkbox"/> Delete | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STEVEN LERNER             |                                 | NAME                                                  | 000003299810--6       |                                                                   |
| STREET ADDRESS             | 3195 HOLIDAY SPRINGS BLVD |                                 | STREET ADDRESS                                        | -06/21/00--01103--010 |                                                                   |
| CITY-ST-ZIP                | MARGATE, FL 33063         |                                 | CITY-ST-ZIP                                           | ****150.00 ****150.00 |                                                                   |
| TITLE                      | TREASURER                 | <input type="checkbox"/> Delete | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STEVEN REITKOPF           |                                 | NAME                                                  |                       |                                                                   |
| STREET ADDRESS             | 47-36 161 STREET          |                                 | STREET ADDRESS                                        |                       |                                                                   |
| CITY-ST-ZIP                | FLUSHING, NY 11358        |                                 | CITY-ST-ZIP                                           |                       |                                                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME                                                  |                       |                                                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS                                        |                       |                                                                   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP                                           |                       |                                                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | NAME                                                  |                       |                                                                   |
| STREET ADDRESS             |                           |                                 | STREET ADDRESS                                        |                       |                                                                   |
| CITY-ST-ZIP                |                           |                                 | CITY-ST-ZIP                                           |                       |                                                                   |
| TITLE                      |                           | <input type="checkbox"/> Delete | TITLE                                                 |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                           |                                 | 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Barbara Taylor  
Date  
Cayman Phone #

2082

**MLM RESTAURANT CORPORATION**  
23269 South State Road 7, Boca Raton, Florida 33428

April 26, 2000

Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Document # P98000042418

To Whom it May Concern:

~~Please find enclosed the Uniform Business Report for 1999 and 2000 for MLM~~  
Restaurant. Please accept these payments as I just took over the books and records  
for the company and realized that last years Annual Report was not filed. No Form was  
received nor was I aware that the prior President did not file the necessary forms.

Thank you for your understanding in this matter.

Very truly yours,

*Barbara Taykan, President*  
Barbara Taykan