2000 UNIFORM BUSINESS REPORT (UBR

2000 UNIFORM BUSINESS REPORT (UBN)								
DÖCUMENT # P98000049517 1. Entity Name PARM TREE HARRON RESTAURANT (NC					FILED SECRETARY OF STATE BIVISION OF CORPORATIONS			
PALM TREE HARBOR RESTAURANT, INC.					aivisicii or corporations			
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Principal Place of Business Mailing Address 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 327					00000	- ,		
2. Principal Pl	BLE PARK	02						
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		DO NOT W	RITE IN THIS SPAC	Œ	
City & State HT DOKA FL 32757 HT DOKA			a		FEI Number 59-3515		Not	olied For Applicable
Zip ろaつ s	Country LAKE	Zip 3 2 7 5 7	Country LAKE	5.	Certificate of Status Desired		.75 Addit Required	
	6. Name and Address of Current Ro	egistered Agent	Name		Name and Address of New		nt	
AMERII AWYER - JOSEPH CARILLO								
343 ALMERIA AVENUE CORAL GABLES FL 33134					Now Number is Not Acceptal	Ark 0	R	
			City	TI	OLA	FL	Zip Code ろよう	54.
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 pyritid name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAYE DAYE								
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May								
Tax filing re (See criter	3, 2000 Min. will lie to Department		Trust Fund Contribu			to Fees		
11.	OFFICERS AND D		12.	AE	DDITIONS/CHANGES TO C			
TITLE	PTD Carillo, Joseph	☐ Delete	titlé Name	CARIC	HESELON		Change	Addition
NAME STREET ADDRESS	118 WEST ORANGE STREET		STREET ADDRESS	5416	TRIMOCE	MERTA		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714 SVD		CITY-ST-ZIP	730		33727	<u> </u>	Addition
TITLE NAME	CARILLO, BEATRICE	☐ Delete	TITLE NAME	CARIL	DORA FL	مر ما م	()	L. Adolton
STREET ADDRESS CITY-ST-ZIP	118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714		STREET ADDRESS CITY-ST-ZIP	5416	PIMBLE	712 X VI	<u>~</u>	
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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 trusteg 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.								
changed,	or on an attachment with an address, wi	in all other like empowered.	6-		_ /	1.1.4		Ì
SIGNATURE: SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #								



ACCOUNTING, INC.

118 West Orange Street Altamonte Springs, FL 32714 (407) 869-4442

Fax: (407) 774-4443

July 13, 2000

Florida Department of State **Division of Corporations** Mr. Andy Dunlap / Reinstatement P. O. Box 6327 Tallahassee, FL 32314

RÉ: Dhaka Enterprises, Inc.

Palm Tree Harbor Restaurant, Inc.

59-3515199

Dear Andy;

Pursuant to our recent conversation, enclosed are signed 2nd notices as you requested. Please be advised that neither of these clients received notices regarding their error (perhaps it was a postal service error, but we have no way to be sure what happened). Therefore, I respectfully request that the clients be charged the standard renewal fee without penalty.

Please feel free to contact me if you have any questions. I thank you in advance for your positive consideration in this most important matter, and look forward to hearing from you in the near future.

Ingrid Goldberg