2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P98000072696** 1. Entity Name ADAM'S PIANO BAR ENTERTAINMENT CORPORATION 04-27-2000 90110 049 ***150.00 Mailing Address Principal Place of Business 313 CLEMATIS STREET 313 CLEMATIS STREET UPSTAIRS **UPSTAIRS** WEST PALM BEACH FL 33481-1631 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address P.O.BOX 811631 ?o. Box 811631 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0857776 OCA RATON, FLORIDA SOCA RATON, FLORIDA Not Applicable Country U. S. A. \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33481 U.S.A. 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent PPAMISCHYEIDER AMERILAWYER Street Address (P.O. Box Number is Not Acceptable) 343 ALMEBIA AVENUE CORAL GABLES PL 33134 Zjo Code **3** 3 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **PSTD** TITLE ☐ Delete TITLE SCHNEIDER, ADAM N 22066 BOCA PLACE DR #911 SCHNEIDER, ADAM N NAME NAME STREET ADDRESS 313 CLEMATIS STREET STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Defete : TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 eath; 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

SADAM-N. SCHWEIDER 4/1/00 561-716-9134

FILED