2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000003723 May 10, 2000 8:00 am Secretary of State DEL PRADO STEAK HOUSE, INC. 05-10-2000 90075 049 ***150.00 Principal Place of Business Mailing Address 3724 DEL PRADO BLVD. 3724 DEL PRADO BLVD. CAPE CORAL FL 33904-7196 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Anette Desbaillets JAENSCH, P. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 879-B Miramar St. 2198 MAIN STREET SARASOTA FL 34237 Zip Code 33904 Cape Coral ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The abox <u>Anette Desbaille</u>ts 1-21-2000 colicable 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP S D TITLE Change ☐ Addition TITLE ☐ Delete Klein, Fadil 3724 Del Prado Blvd. KLEIN, FADIL NAME NAME STREET ADDRESS STREET ADDRESS 3724 DEL PRADO BLVD. Cape Coral, FL 33904 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 P T D Muhamedagic, Dzevad 3724 Del Prado Blvdd Change Addition ☐ Delete TITLE MUHAMEDAGIC, DZEVAS NAME NAME STREET ADDRESS STREET ADDRESS 3724 DEL PRADO BLVD. Cape Coral, FL 33904 CITY-ST-ZIP CAPE-CORAL FL 33904 CITY_ST-ZIP ☐ Addition ☐ Change TITLE Delete TUMM, JENS NAME STREET ADDRESS STREET ADDRESS 5215 TAMIAMI COURT CITY-ST-ZIF CITY-ST-ZIP CAPE CORAL FL 33904 Addition TITLE Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P nistriling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information us and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if half other like empowered. 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address with

OWRIDZevad Muhamedagic /.

SIGNATURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 - 21 - 2000

Daytime Phone #