## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000010311** May 17, 2000 8:00 am Secretary of State 1. Entity Name DINING DESIGNS OF AMERICA INC. 05-17-2000 90994 049 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 971046 P.O. BOX 971046 BOCA RATON FL 33497-1046 BOCA RATON FL 33497-1046 I TREMENIN NO PRINCIPALITA ELEMENTE PRINCIPALITA ELEMENTE PRINCIPALITA ELEMENTE DE LA COMPANIONE DE LA COMPA 2. Principal Place of Business 3. Mailing Address 970607 SANTA LAGUNA DR. P.O. BOX 10601 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For BOCA RATON BOCA RATON . 65-0895517 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33497-0607 Fee Required PALM BEACH BEACH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANKEL, NOEL Street Address (P.O. Box Number is Not Acceptable) 10601 SANTA LAGUNA DR. **BOCA RATON FL 33428** 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. PRESIDENT Addition ☐ Change Delete TITLE TITLE NOEL NAME NAME FRANKEL SANTA LAGUNA DRIVE RATON, FL 33428-1208 10601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA PRESIDENT VICE . 🔲 Change □ Delete TITLE FLO FRANKEL NAME NAME STREET ADDRESS SANTA LAGUNA DRIVE STREET ADDRESS 10601 CITY-ST-ZIP FL 33428-1208 CITY-ST-ZIP RATON TITLE ☐ Delete 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 ☐ Addition ☐ Change ☐ Delete TITLE NAME

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:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

noel Frankel

NOEL FRANKEL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

S61-470.8687

Addition

Daytime Phone #

☐ Change

Original (Sign)