2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025025 1. Entity Name

Country

10026 SPANISH ISLES BLVD B16 & B17

typed or printed n

9. This corporation is eligible to fatisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

MY FIRST RESTAURANT, INC.

C/O SAVIOR MANAGEMENT, INC. 10026 SPANISH ISLES BLVD BAY 16/17

> PITO, FRANK JR -SALS CORPORATE

BOCA RATON FL 33498

8. The above named entity submits this sign

Principal Place of Business

BOCA RATON FL 33498

City & State

Zip

SIGNATURE

Mailing Address

City & State

If applicable

Ζiρ

C/O SAVIOR MANAGEMENT, INC. 10026 SPANISH ISLES BLVD BAY 16/17 **BOCA RATON FL 33498-6380**

Country

FILE NOW!!! FEE IS \$150.00

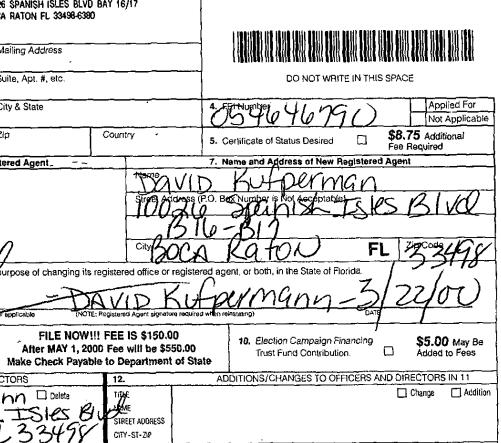
After MAY 1, 2000 Fee will be \$550.00

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

4/3/

FILED May 08, 2000 8:00 am Secretary of State

04-03-2000 90181 013 ***150.00



AND DIRECTORS 11. CR2E034 (9/99) TiŞbC TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP - Addition TITLE Change Delete 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_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 frue 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, of on an attachment with an address with all other like employered. ration or the receiver or trustee employed an attachment with an advanced

SIGNATURE