2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028789

1. Entity Name

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FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90046 008 ***150.00

TASTE O	F NEW Y	ORK RESTAUF	RANT, INC.		A CALL		,	,0-2003 y 0	040 000	, 130	
Principal Place of Business 5952 CORAL RIDGE DRIVE CORAL SPRINGS FL 33076			5952	Mailing Address 5952 CORAL RIDGE DRIVE CORAL SPRINGS FL 33076			 	- 1 (1 11) 11 1) 11 11) 1			E1 18149 (BH 1881
2. Principal i	Place of Busin	ness	3. Mai	ling Address							
Suite, Apt	#, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEI Number 65-0907620				Applied For Not Applicable
Zip Country			Zip				5. Certificate of State		<u> </u>	\$8.75 A	Additional ired
	6. Name	and Address of Cu	rrent Registere	d Agent			7. Name and Addre	ss of New Re	gistered /	Agent	
ADELSTEI	N. MITCH				Nar						
9561 NW	11TH STRE				Stre	eet Address (P.O. Box Number is No	Acceptable)			
PLANJAIR	ON FL 3332	.22 ·			City	,		· -		Zip C	ode
8. The above	e named entit	y submits this statem	ent for the purp	ose of changing its re			ed agent, or both, in the	State of Flori	FL da. Tam f	• '	
•	itions of regist	tered agent.									!
SIGNATURE	Signature, typed	or printed name of registered	d agent and title if app	licable. (NOTE: I	Registered Agent	signature required	when reinstating)		DATE		
		!! FEE IS \$150.00 03 Fee will be \$55						ampaign Fina			.00 May Be
Afte	er May 1, 200	!! FEE IS \$150.00 03 Fee will be \$55 o Florida Departmo	0.00					ampaign Fina I Contribution.			.00 May Be led to Fees
Afte	er May 1, 200 k Payable to	03 Fee will be \$55 o Florida Departmo	0.00		11.			Contribution.		Ado	led to Fees
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Afte Make Chec 10. TITLE NAME	Pr May 1, 200 k Payable to DP ADELSTEIN 9561 NW 1	OFFICERS N, MITCH ITH STREET	0.00 ent of State		TITLE		Trust Fund	Contribution.		DIRECTO	PRS IN 11
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Afte Make Chec 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pr May 1, 200 k Payable to DP ADELSTEIN 9561 NW 1	OFFICERS OFFICERS N, MITCH 11TH STREET ON FL 33322	0.00 ent of State	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		Trust Fund	Contribution.		DIRECTO	RS IN 11 Addition
Afte Make Chec 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Pr May 1, 200 R Payable to PADELSTEIN 9561 NW 1 PLANTATIC DS ALSTEN, P 3000 NE 3	OFFICERS	0.00 ent of State AND DIRECTO	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	ESS	Trust Fund	Contribution.		DIRECTO	RS IN 11 Addition
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12. 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 aport 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 of itself appropried to execute his report as required by Chapter 60°. Florida Statutes; and that my mame appears in Block 10 or Block 11 if changed, or on an attachment w

SIGNATURE: