2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

with\all otbel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

like empowered.

FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P99000045879 RAMBLEWOOD DINER, INC. 02-07-2001 90139 031 ***150.00 Principal Place of Business Mailing Address 8203 ATLANTIC BLVD 8203 ATLANTIC BLVD CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0920307 Not Applicable Zip 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 Name C. BRAUN, ESQ. RÉDERICK FILINGS, INC. (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET NORTH FEDERAL HWY FT. LAUDERDALE FL 33311-4132 108 obnits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity FREDEKICK C BRAIN, ESQ. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition Change PULLANO, EUGENE C NAME NAME STREET ADDRESS 8803 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE Delete ☐ Addition PULLAND ROSEMARIE C 8803 ATLANTIC BLVD. NAME PULLANO, EUGENE C NAME STREET ADDRESS 4987 NW 67TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 CORAL SPRINGS FLORIDA 33065 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 fusing an accurate and that my signature by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if