2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049857							FILED					
MONTANA'S CHOP HOUSE INC.							00 MAR 20) AMII	: 12			
VII. 2 V V V V V					·		STIGBETAT	Y OF S	TATE			
Principal Place of Business Mailing Address						SEABLE HARY OF STATE TABLEM HASSEE, FLORIDA						
6450 N. FEDERAL HWY. BOCA RATON FL 33487			6450 N. FEDERAL HWY. BOCA RATON FL 33487-3155			U0020100						
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2. Principal Pla	ce of Busir	ness	3. Mailing Address			1						
Suite, Apt. #, etc.			Suite, Apl. #, etc.			1	DO NOT WRITE	E IN THIS SF	ACE			
City & State			City & State			4. FE	Number		1	plied For Applicable		
Zip	Zip Country		Zip Count		try	5. Certificate of Status		□ \$	8.75 Addi	itional		
6. Name and Address of Current			Basistand Agent	<u></u>	7. Na	ime and Address of New Re						
	6. Name	and Address of Current	Registered Agent		Name			·	· . ·			
- PRAN	ISCOMRE	, RON SR.	<u> </u>	_			Street Address (P.O. Box Number is Not Acceptable)					
	. ATLANT			- Casorina ves (1)						1		
DELRAY BEACH FL 33483]			
					City	_		<u> </u>	Zip Code	·	1	
8. The above	named enti	ty submits this statement fo	r the purpose of changing its	register	ed office or registe	ered age	nt, or both, in the State of Flo	rida.	-			
			,									
SIGNATURE _	Signature, types	or printed name of registered agent of	and title if applicable. (NO	E. Registere	d Agent signature require	ed when rein	stating)	DATE			-	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS							10. Election Campaign Fin			O May Be	-	
	equirement	and elects to do so.	After MAY 1, 20	MAY 1, 2000 Fee will be \$550.00 ck Payable to Department of S			Trust Fund Contribution	ı. 🗆	Added	to Fees		
		OFFICERS AND		12.		ADC	OITIONS/CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11	ے ا	
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STREET ADDRESS CITY-ST-ZIP	84	\cdot \leftarrow $HILIHN$	-, FL 3348		Y-ST-ZIP						CR2F034 (9/99)	
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CITY-ST-ZIP	<u> </u>		☐ Delate	ni					☐ Change	Addition	7	
TITLE NAME	\	,	Delate		ME				s ##	۵		
STREET ADDRESS				REET ADDRESS				K	:			
CITY-ST-ZIP	<u> </u>				Y-SI-ZIP	Section 1	10 07/3/(i) Florida Statutos	I further cer	tify that the	information	7	
13. I hereby of indicated	certify that t on this rep	he information supplied wit ort or supplemental report	h this liling does not qualify i is true and accurate and that	or the ex	emption stated in ta ature shall have the gired by Chapter S	e same l or Flori	19.07(3)(i), Florida Statutes, egal effect as if made under the Statutes; and that my name	oath, that I a	m an office Block 11 o	r or director or Block 12 if		
		the receiver or trustee emp trachment with an address	with all other like empowere		uned by Chapter 6	Wr, FIUAL	,					
SIGNAT	(URF·	RON BRA		3(11)) 		2-4-00		- days On-			
J.G.TAI	-14-1	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRE	СТОЯ	-	Oate -	Đ	ayrime Phone #		1	