2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000050929 SECRETARY OF STATE ASC RESTAURANT WORLD SUPPLIES & EDVIPORES TUS 00 SEP 13 AM 8: 23 Principal Place of Business Mailing Address 11042 BISCHULE PRUP 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ABRAMSON MARK Street Address (P.O. Box Number is Not Acceptable) 11098 BISCHNE #40x City M Ise (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. MANK J. ACRAMSON SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable 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, 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. 11. ☐ Change ☐ Addition Delete TITLE NAME NAME PUP5V-11098 BITC BLUD #405 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 3316) M 14 741 TITLE TITLE ☐ Delete 5000034011 NAME NAME -09/22/00--01002--015 STREET ADDRESS STREET ADDRESS ****300.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARACTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date



p99000050929

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 5, 2000

ABC RESTAURANT WORLD SERVICES, INC. 1135 WEEPING WILLOW WAY HOLLYWOOD, FL 33019

SUBJECT: ABC RESTAURANT WORLD SERVICES, INC.

Ref. Number: P99000055836

Pursuant to our telephone conversation of September 5, 2000, I am enclosing the form(s) you have requested.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Andy Dunlap Document Specialist Supervisor

Letter Number: 000A00046985

To behomit may londern & sever received any of these forms prior to gesterday 9/7/00

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