

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053247

1. Entity Name

DRAGONS BREATH TAVERN, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90329 001 *****8.75
 05-11-2000 90329 002 ***150.00

Principal Place of Business	Mailing Address
5516 LAKE TERN CT COCONUT CREEK FL 33073	5516 LAKE TERN CT COCONUT CREEK FL 33073-4502

2. Principal Place of Business 5292 NE 18th TERR.	3. Mailing Address 5292 NE 18th TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. LAUD., FLA. 33308	City & State FT. LAUD., FLA.
Zip 33308	Zip 33308
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0931346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMPSON, JOHN C 5516 LAKE TERN CT COCONUT CREEK FL 33073	7. Name and Address of New Registered Agent Name JONATHAN M. KLOKOW Street Address (P.O. Box Number is Not Acceptable) 5292 NE 18th TERR. City FT. LAUD. FL Zip Code 33308
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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.

SIGNATURE Jonathan M. Klokow PRESIDENT DATE 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JOHN C 5516 LAKE TERN CT COCONUT CREEK FL 33073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JONATHAN M. KLOKOW 5292 NE 18th FT. LAUD., FLA. 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jonathan M. Klokow (PRESIDENT) DATE 4/20/00 DAYTIME PHONE # (954) 771-0763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)