

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071686

1. Entity Name

MIZNER PARK MUSEUM CAFE, INC.

(R)

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90221 022 \*\*\*150.00

Principal Place of Business 2650 N. MILITARY TRAIL, STE. 125 BOCA RATON FL 33431	Mailing Address 2650 N. MILITARY TRAIL, STE. 125 BOCA RATON FL 33431-6385
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEL Number 65-0944149	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>GOLDSTEIN, ROBERT N</b> <b>2650 N. MILITARY TRAIL, STE. 125</b> <b>BOCA RATON FL 33431</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GOLDSTEIN, ROBERT N
STREET ADDRESS	2650 N. MILITARY TRAIL, STE. 125
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	D <input type="checkbox"/> Delete
NAME	ROSKIN, GARY F
STREET ADDRESS	2672 S.W. 15TH STREET
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	D <input type="checkbox"/> Delete
NAME	ZWEIG, MURRAY
STREET ADDRESS	7275 N.W. 62ND. TERR.
CITY-ST-ZIP	PARKLAND FL 33067
TITLE	D <input type="checkbox"/> Delete
NAME	MOLLER, RANDALL W
STREET ADDRESS	3950 N.W. 23RD. TERR.
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Robert N. Goldstein ROBERT N. GOLDSTEIN 4/26/00 561-997-4002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)