FROM : FAX NO. :

2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91182 034 ***150.00

DOCUMENT # P99000074986

1. Entity Name
S & S Diner

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1757 NE 2nd Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33132 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0943144 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: S&S DINER

Street Address (P.O. Box Number is Not Acceptable): 1757 NE 2ND AVE.

City: Miami FL Zip: 33132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $700.00
Amended UBR is $87.50
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	Simon ELBAZ
STREET ADDRESS	8902 S.W. 150th Circle Court
CITY-ST-ZIP	Miami FL 33196
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Simon ELBAZ 4/29/03 (305) 373-4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR