2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V39286** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name UNIQUE RESTAURANT OF AVENTURA, INC. 04-07-2000 90087 034 ***158.75 Mailing Address Principal Place of Business 490 E. PALMETTO PARK 490 E. PALMETTO PARK SUITE 110 SUITE 110 **BOCA RATON FL 33432 BOCA RATON FL 33432-5065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 211 21 Applied For City & State 4. FEI Number 65-0357695 Not Applicable \$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 MAX, DENNS Street Address (P.O. Box Number is Not Acceptable) 490 E. PALMETTO PARK BLVD. SO FEDERAL HOW SUITE 110 **BOCA RATON FL 33432** 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition **PSD** TITLE ☐ Delete TITI F NAME MAX. DENNIS 1515 So Federal Highway Stea Boca RETON FL 33+33 NAME STREET ADDRESS STREET ADDRESS 490 E. PALMETTO PARK, SUITE 110 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE 1515 So Federal Highway Ste 211 Boca Raton FL 33432 (Change Addition NAME NAME MAX. PATTI STREET ADDRESS 490 E. PALMETTO PARK, SUITE 110 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Delete TITLE TITLE BARTON, RAPOPORT So FederAL Highway Steal NAME NAME STREET ADDRESS STREET ADDRESS 490 E. PALMETTO PARK, SUITE 110 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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 a power of the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00