Daytime Phone

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 07, 2001 8:00 am **DOCUMENT # V39286 Secretary of State** 1. Entity Name UNIQUE RESTAURANT OF AVENTURA, INC. 06-07-2001 90001 013 ***150.00 Principal Place of Business Mailing Address 1516-8-FEDERAL HWY 1616-S. FEDERAL HWY #211 #211 BOCA RATON FL 99492-BOGA RATON FL 99492 US Business ER BLUD ZNER BLVI) DO NOT WRITE IN THIS SPACE Applied For 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 -1515 S. FEDERAL HWY-#-211- BOGA RATON-FL 33432 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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. **PSD** ☐ Delete TITLE NAME MAX. DENNIS NAME STREET ADDRESS STREET ADDRESS 1515 S. FEDERAL HWY #211 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** VPD Delete TITLE TITLE MAX, PATTI NAME NAME STREET ADDRESS STREET ADDRESS ·1515 S. FEDERAL HWY #211 - CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 TITLE ☐ Delete TITLE BARTON, RAPOPORT NAME NAME STREET ADDRESS STREET ADDRESS 1515 S. FEDERAL HWY #211 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 TITLE ☐ Detete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 effect like empowered.