

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90067 021 ****50.00

DOCUMENT # L01000010720

1. Entity Name

B & B'S OF AVENTURA, L.L.C.

D/B/A Perry's

Principal Place of Business

**16850 JOG ROAD SUITE 101
 DELRAY BEACH FL 33446**

Mailing Address

**P.O. BOX 812163
 BOCA RATON FL 33481-2163**

2. Principal Place of Business

18955 Biscayne Blvd
 Suite, Apt. #, etc.

3. Mailing Address

B & B's of Aventura LLC
 Suite, Apt. #, etc.

City & State

Aventura FL

City & State

18955 Biscayne Blvd

4. FEI Number

65-1118340

Applied For

Not Applicable

Zip

33180

Country

DADE

Zip

Aventura FL 33180

Country

DADE

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUBITZ, CHARLES A
 515 NORTH FLAGLER DRIVE 19TH FLOOR
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE *Managing Member* ☐ Delete
 NAME *Bruce S. Blum*
 STREET ADDRESS *P.O. Box 812163 Boca Raton FL 33481-2163*
 CITY-ST-ZIP

TITLE *Burt Rapoport* ☐ Delete
 NAME *Managing Member*
 STREET ADDRESS *P.O. Box 812163 Boca Raton FL 33481-2163*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

4/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)