

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000008952

**1. Entity Name**  
 CAFE MAXX, L.L.C.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 MAR 16 PM 2:31

**Principal Place of Business**      **Mailing Address**

2601 E. Atlantic Blvd.  
 Pompano Beach Fl 33062

2611 E. Atlantic Blvd.  
 Pompano Beach Fl 33062

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** 05-0933510       Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Broek, Darrel  
 2611 E. Atlantic Blvd.  
 Pompano Beach Fl 33062

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	Broek Darrel	2611 E. Atlantic Blvd.	Pompano Beach FL 33062	<input type="checkbox"/>
MGRM	Sawey Oliver	2611 E. Atlantic Blvd.	Pompano Beach Fl 33062	<input type="checkbox"/>
MGRM	Respirito Gianni	2611 E. Atlantic Blvd.	Pompano Beach Fl 33062	<input type="checkbox"/>
MGRM	Batou Nikolai	10619 W. Atlantic Blvd #118	Coral Springs Fl 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**BLT**

600003183905-05-01  
 -03/24/00--01124--009  
 \*\*\*\*\*55.00 \*\*\*\*\*55.00

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Darrel Broek  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #