

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 2:49

DOCUMENT # L99000008955
1. Entity Name
INNOVATIVE RESTAURANTS/EAST CITY GRILLE, L.L.C.

Principal Place of Business: 505 N. Ft. Lauderdale Blvd. Ft. Lauderdale Fl 33304
Mailing Address: 2611 E. Atlantic Blvd. Pompano Beach Fl 33062

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Country Zip: Country

4. FEI Number: 65-0933509
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: 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

BLT

9. MANAGING MEMBERS/MEMBERS		
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Broek, Darrel	
STREET ADDRESS	2611 E. Atlantic Blvd.	
CITY-ST-ZIP	Pompano Beach Fl 33062	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Sawcy Oliver	
STREET ADDRESS	2611 E. Atlantic Blvd.	
CITY-ST-ZIP	Pompano Beach Fl 33062	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Resinto Gianni	
STREET ADDRESS	2611 E. Atlantic Blvd.	
CITY-ST-ZIP	Pompano Beach Fl 33062	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Bathoo Nikolai	
STREET ADDRESS	10619 W. Atlantic Blvd #118	
CITY-ST-ZIP	Coral Springs Fl 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800003183998--0
CITY-ST-ZIP	-03/24/00--01124--010
	*****55.00 *****55.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Darrel Broek* 3-13-00 954 782 0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #