2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

ROXBURY MA 02132

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

100 CHARLES PARK RD. W.

DOCUMENT # M02000002863

1. Entity Name

UNO RESTAURANTS, LLC

Principal Place of Business

100 CHARLES PARK RD. W.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

ROXBURY MA 02132



(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Country

FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90080 004 ****50.00

20018247

☐ CHECK HERE IF MAKING CHANGES				
4.	FEI Number 04-2662934	Applied For		
	V. 200200 .	Not Applicable		
5.		\$5.00 Additional Fee Required		
7.	Name and Address of New Registered Agent			

DATE

the obligations of registered agent.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

o. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM	Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P.O. Box Num	Street Address (P.O. Box Number is Not Acceptable)	
FLANTATION FE 33324			
	City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its reg	istered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	

Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Addition Delete Change UNO RESTAURANT HOLDINGS CORPORATION NAME NAME STREET ADDRESS 100 CHARLES PARK RD. W. STREET ADDRESS CITY-ST-ZIP **ROXBURY MA 02132** CITY-ST-ZIP TITLE ☐ 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 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Ele

SIGNATURE

617-323-9200