

2001 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

01 FEB -5 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011146

1. Entity Name
FOOD COURT OPERATORS FLORIDA, LLC

Principal Place of Business
**100 S.E. 2ND STREET, SUITE 3950
MIAMI FL 33131**

Mailing Address
**100 S.E. 2ND STREET, SUITE 3950
MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15579 US Highway 19 North
Suite, Apt. #, etc.

3. Mailing Address
7700 Red Road
Suite, Apt. #, etc.

City & State
Largo, Florida

City & State
South Miami, Florida

4. FEI Number
59-3680762

Applied For
 Not Applicable

Zip
33764

Country
USA

Zip
33143

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET, SUITE 3950
MIAMI FL 33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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-02/13/01--01022--008
*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGR SPILLIS, GEORGE 100 S.E. 2ND STREET, SUITE 3950 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 GEORGE P. SPILLIS, MGR.** **1-24-01** **305-442-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)