Daytime Phone #

2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR
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DOCUMENT # L9800002116  1. Entity Name  JACK'S SQUARE PINCHASI, L.L.C.										2
Principal Place of Business Mailing Address 916 BENEDICT CANYON 916 BENEDICT CANYON					OIFEB 21 AM II: 22  SECRETARY OF STATE TALEAHASSEE, FLORIDA					
BEVERLY HILLS CA 90210  BEVERLY HILLS CA 90210							iları icər	I <b>a a</b> ire i <b>a</b> ac		
Principal Place of Business     3. Mailing Address				-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Nun	nber 05-4707609	<u> </u>	<del></del>	lied For	]	
Zip Country		Zip Country		5. Certifica	95-4707608 ate of Status Desired [	\$5.00	Additi		1	
			L				Fee Rec	luirea		4
	6. Name and Address of Current	Registered Agent		Man	7. Name a	nd Address of New Regis	stered Agent			-
	•			Name						Į
BAKER, PETER			Street Address (P.O. Box Number is Not Acceptable)							
500 EAST KENNEDY BOULEVARD, SUITE 200C TAMPA FL 33602										]
				City			FL Zip	Code		
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	ered agent, or	ooth, in the State of Florida				1
SIGNATURE .										ļ
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE			4
		FILE No Make Check Pa		FEE IS \$50.00 o Department						
			10.			ADDITIONS/CH	ANGES			$\dashv$
9.	MANAGING MEMBE	Delete	TITLI			ADDITIONOTORI	☐ Cha	nae	☐ Addition	1 8
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STREET ADDRESS	PINCHASI, ABRAHAM 916 NORTH BENEDICT CANON F	DAN D		ET ADDRESS						2
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NAME	PINCHASI, EDDIE		NAM							. [
STREET ADDRESS	916 BENEDICT CANYON			ET ADDRESS		60000237	(1)	30,	207 <b>~</b>	
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CITY-ST-ZIP				-ST-ZIP	<del></del>		<u> </u>		□ Addition	4
TITLE		☐ Delete	TITLI				☐ Cha	uĝe	☐ Addition	
NAME STREET ADDRESS				ET ADDRESS						1
CITY-ST-ZIP		•		-ST-ZiP						
11.   hereby	pertify that the information supplied with	this filing does not qualify fo	r the exe	mption stated in S	Section 119.07	(3)(i), Florida Statutes. I furn	ther certify that	the info	ormation	
indicated limited lia	on this report is true and accurate and bility company or the receiver or trustee	triat my signature snall have e empowered to execute this	report as	s required by Cha	pter 608, Florid	au, mai ram a managing la Statutes.	member of ma	iayei (	Ųi Ui <b>O</b>	

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