

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90032 013 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100G014374

1. Entity Name

MARINO RESTAURANT GROUP, LLC

Principal Place of Business

1513 VICTORIA ISLES WAY
WESTON FL 33327

Mailing Address

1513 VICTORIA ISLES WAY
WESTON FL 33327

956189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1795 Bell Tower Lane
Suite, Apt. #, etc.

3. Mailing Address

1795 Bell Tower Lane
Suite, Apt. #, etc.

City & State

WESTON FLA

City & State

WESTON FL

4. FEI Number

03-0386139

Applied For

Not Applicable

Zip

33326

Country

Broward

Zip

33326

Country

Broward

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER (MAR)
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	President	Anthony Marino	365 Eagle Drive Jupiter FL 33477	☐
	VP	Robin Marino	1513 Victoria Isles Way Weston FL 33327	☐
	Vice President	Dominick DeLuccchio	1829 NW 11 Ave Plantation FL 33322	☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)