

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002204**

1. Entity Name

O'CASEY'S RESTAURANT AND IRISH PUB, LTD.

FILED

00 APR 13 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

253 MIRACLE MILE
CORAL GABLES FL 33134

Mailing Address

253 MIRACLE MILE
CORAL GABLES FL 33134-5907

2. Principal Place of Business

11415 So. Dixie Hwy

3. Mailing Address

11415 So. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

65-0722682

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

33134

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, MARTIN
253 MIRACLE MILEENUE, SUITE 700
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name BROWN, RICHARD CPA

Street Address (P.O. Box Number is Not Acceptable)

9485 SUNSET DR A195

City

Miami

FL

Zip Code

33173

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

9. Capital Contributions
as Shown on record.

\$365,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000085064
NAME CARLYNFORD, INC.
STREET ADDRESS 253 MIRACLE MILE
CITY - ST - ZIP CORAL GABLES FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTIN LYNCH

3/1/00

Date

(305) 256-2667

Daytime Phone #

CR2E003 (9/99)