

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000715 AT

DOCUMENT # A96000002204

1. Entity Name

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

**REINSTATEMENT** 2002

11415 S. DIXIE HWY.  
MIAMI FL 33156

Mailing Address

11415 S. DIXIE HWY.  
MIAMI FL 33156

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 25 PM 1:19



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number 65-0722682

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RICHARD CPA  
9485 SUNSET DR., #A195  
MIAMI FL 33173

Name

MARTIN LYNCH

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

253 MIRACLE MILE

10/25/02--01027--004 \*\*1035.00

City

CORAL GABLES

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

MARTIN LYNCH

General Partner

7/16/02

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

300008588423

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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NAME  
STREET ADDRESS  
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**REINSTATEMENT** 2002

STREET ADDRESS

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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

PRESIDENT of CARLYNFORD INC.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARTIN LYNCH

GENERAL PARTNER 7/16/02 304-446-3777

Date

Daytime Phone #

CR2E003 (4/02)