

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001325

1. Entity Name

EMERALD COAST RESTAURANT AVENTURA LTD

Principal Place of Business

7000 WEST PALMETTO PARK ROAD  
SUITE 400  
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD  
SUITE 400 200  
BOCA RATON FL 33433-3425

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4519 N. PINE ISLAND RD.  
Suite, Apt. #, etc.

3. Mailing Address

7000 W. PALMETTO PARK RD  
Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

BOCA RATON FL

4. FEI Number

65-0843719

Applied For

Not Applicable

Zip

Country

33433

U.S.A

Zip

Country

33433

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN  
7000 WEST PALMETTO PARK ROAD  
SUITE 400  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

STEVEN GARELLEK

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

7000 W. PALMETTO PARK RD SUITE 200

City

BOCA RATON

FL

Zip Code

33433

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.

\$500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

500,000.00

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 # P97000050828  
NAME EMERALD COAST RESTAURANT AVENTURA INC.  
STREET ADDRESS 4519 NORTH PINE ISLAND ROAD  
CITY - ST - ZIP SUNRISE FL 33351

DOCUMENT # ~~CORP USA CORP.~~  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

100003287991-7

-06/14/00-01005-026

\*\*\*\*528.25 \*\*\*\*528.25

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR 21-003 (9/99)