

2001 UNIFORM BUSINESS REPORT (UBR)

0007912 AF

DOCUMENT # **A97000001325**

1. Entity Name

EMERALD COAST RESTAURANT AVENTURA LTD

FILED

01 APR 11 PM 1:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4519 N. PINE ISLAND ROAD
SUNRISE FL 33433**

Mailing Address
**7000 W. PALMETTO PARK ROAD, SUITE 200
BOCA RATON FL 33433**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
St. **700 S. Federal Hwy.
Suite 200-SZG
Boca Raton, FL 33432**
Ci
Zip

4. FEI Number **65-0843719**
Applied For
Not Applicable

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 200
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

**Garellek, Steven
700 S. Federal Hwy., Suite 200
Boca Raton, FL 33432**

L 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

9. Capital Contributions as Shown on record. **\$500,000.00**
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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000050828 EMERALD COAST RESTAURANT AVENTURA INC. 4519 NORTH PINE ISLAND ROAD SUNRISE FL 33351
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000076939 COR-LYN (USA) CORP. 4519 PINE ISLAND ROAD SUNRISE FL 33351
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	200004014732--2 -04718701--01013--008 ****526.25 ****526.25
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

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/02/01 **954**
Date Daytime Phone # **572-3822**

CR2E003 (11/00)