

2002 UNIFORM BUSINESS REPORT (UBR)

0017240 AT

DOCUMENT # B98000000726

1. Entity Name

BRAVO ITALIANO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -4 AM 10:27

Principal Place of Business

17103 PRESTON ROAD, SUITE 230
LOCKBOX 117
DALLAS TX 75248

Mailing Address

17103 PRESTON ROAD, SUITE 230
LOCKBOX 117
DALLAS TX 75248



2. Principal Place of Business

18383 Preston Road

Suite, Apt. #, etc.

Ste. 410

City & State

Dallas, TX

Zip

75252

Country

USA

3. Mailing Address

18383 Preston Road

Suite, Apt. #, etc.

Suite 410

City & State

Dallas, TX

Zip

75252

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

74-2900255

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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.

DATE

9. Capital Contributions
as Shown on record.

\$378,000.00

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 # F98000007104
NAME ONE BRAVO, INC.
STREET ADDRESS 17103 PRESTON ROAD, SUITE 230
CITY-ST-ZIP DALLAS TX 75248

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 18383 Preston Road, Suite 410
CITY-ST-ZIP Dallas, TX 75252

STREET ADDRESS
CITY-ST-ZIP
400005073044--5
03/08/02 01048-027
****535.00 ****535.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date 3/18/02 Daytime Phone # (972) 713-7383

CR2E003 (9/01)