

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000689

1. Entity Name
NMF AUTHENTIC RESTAURANT, L.L.C.

FILED

01 JAN 25 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~2033 MAIN STREET, SUITE 600~~
~~SARASOTA FL 34237~~

~~2033 MAIN STREET, SUITE 600~~
~~SARASOTA FL 34237~~

2. Principal Place of Business

3800 South Tamiami Trail

3. Mailing Address

3800 South Tamiami Trail

Suite, Apt. #, etc.

9/10

Suite, Apt. #, etc.

9/10

City & State
Sarasota, Florida 34239

City & State
Sarasota, Florida 34239

4. FEI Number

X 65-0980688

Applied For

Not Applicable

Zip

34239

Country

Zip

34239

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DELOINGER, V. GEORGE X~~

~~2033 MAIN STREET, SUITE 600~~

~~SARASOTA FL 34237~~

7. Name and Address of New Registered Agent

Name

NICK FILIZ NULUFER RAMAZANOGLU

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

3800 South Tamiami Trail 9/10

City

Sarasota

FL

Zip Code
34239

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

X N. Ramazanoglu NULUFER RAMAZANOGLU

1/20/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: OWNER
NAME: NULUFER RAMAZANOGLU
STREET ADDRESS: 3800 S. TAMIAAMI TRAIL 9/10
CITY-ST-ZIP: SARASOTA, FL 34239

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition
8000003623648-9
-02/02/01--01007--015
*****50.00 *****50.00

TITLE:
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X

N. Ramazanoglu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/20/01 (941) 951-6373

CR2E083 (11/00)