

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 100000002848

RESTAURANT MIGLIERINA, LLC

Principal Place of Business  
15700 Biscayne Blvd  
N. Miami Beach, Fla. 33160-4606

Mailing Address  
3400 CORAL WAY, SUITE 600  
MIAMI FL 33145-3053

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0989191	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> 500 Additional Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent	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 Carlos Guido Belvedere CARLOS GUIDO BELVEDERE 06/20/01  
Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Carlos Antonio Belvedere 15700 Biscayne Blvd. N. Miami Beach, Fla. 33160-4606 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004474898-8 -07/13/01-01035-002 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Carlos A. Belvedere Carlos A. Belvedere, Pres. (305)354-4811

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