

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90162 009 \*\*\*\*50.00

943642



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L00000003206

1. Entity Name

EURO STAR KITCHEN L.L.C.

Principal Place of Business

5990 NORTHEAST 18TH AVENUE. UNIT 929  
 FORT LAUDERDALE FL 33334

Mailing Address

5990 NORTHEAST 18TH AVENUE. UNIT 929  
 FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5970 NE 18th Avenue, Unit 704

Suite, Apt. #, etc.

5970 NE 18th Avenue, Unit 704

City & State

Fort Lauderdale, FL 33334

City & State

Fort Lauderdale, FL 7

Zip

33334

Country

Broward

Zip

33334

Country

Broward

4. FEI Number

65-1078898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
 Alfred HEIN

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

5990 NE 18th Avenue, Unit 929

City

Fort Lauderdale

FL

Zip Code

33334

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
 NAME HEIN, ALFRED  
 STREET ADDRESS 5990 NORTHEAST 18TH AVENUE, UNIT 929  
 CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ Delete

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 5970 NE 18th Avenue, Unit 704  
 CITY-ST-ZIP Fort Lauderdale, FL 33334

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

04.11.02

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

Date

Daytime Phone #

CR2E083 (9/01)