200	I UNI	FORM B	USINE	SS REPO	ORT	(UB	R)						
DOCUMENT # L0000003495									* 7				
1. Entity Name UNIVERSITY DRIVE RESTAURANT, LLC								FILED					
200 S. BISCAYNE BLVD SUITE 2100 20 C/O FIELDSTONE LESTER SHEAR & DENBERG C				ailing Address 200 S. BISCAYNE BLVD SUITE 2100 C/O FIELDSTONE LESTER SHEAR & DENBERG AIAMI FL 33131			ERG	OI JAN 29 AM II: 31 SECRETARY OF STATE TARE AHASSEE FLORIDA					
201 Alhambra Circle 2 Suite, Apt. #, etc. S				Mailing Address 201 Alhambra Circle Suite, Apt. #, etc.				.  DO NOT WRITE IN THIS SPACE					
City & State C				Suite 601 City & State Coral Gables, FL				4. FEIN	Number 0993889			<b>├</b>	Applied For
Zip Country Zip				p 3134	try SA		5. Certificate of Status Desired   \$5.00 Additional Fee Required					dditional ired	
FIELDSTON, RONALD ESQ. 200 S. BISCAYNE BLVD., SUITE 2100 MIAMI FL 33131						Ronald R. Fieldstone  Street Address (P.O. Box Number is Not Acceptable)  201 Alhambra Circle, Suite 601  City  Coral Gables  FL  Zip Code 33134							
SIGNATURE .		submits this stater		rpose of changing its				agent, o	or both, in the Sta	ate of Floric			33134
FILE Make Check F						OW!!! FEE IS \$50.00 nyable to Department o			5000		52- 701	01034-	-007
9.		MANAGING	MEMBERS/ME		10.		Momb	~ 30		ITIONS/C		S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			Robe: 1540	rt J.	. Lodge W. 34th A L 33147	venue		☐ Change	· ⊠ Addition
TITLE NAME _ STREET ADDRESS CITY-ST-ZIP				☐ Detete			Member Paul 201 Cora	er A. I Alhan I Gal	Lester nbra Circ oles, FL			□ Change	Addition
TITLE .		: شبهائي ا	<del>_</del>	Delètè	TITLE	-	Memb	≘r -				☐ Change	<b>⊠</b> Addition

9. TI ST Cľ 711 STE CI Tri Ronald R. Fieldstone 201 Alhambra Circle, Suite 601 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Coral Gables, FL 33134 CITY-ST-ZIP Member TITLE Delete TITLE ☐ Change **☒** Addition Michael B. Denberg 201 Alhambra Circle, Suite 601 NAME NAME STREET ADDRESS STREET ADDRESS Coral Gables, FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: WINDOWN WING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/24/01

305-357-1001