

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005773

1. Entity Name

VIENNA GARDEN CATERING, L.C.

FILED

01 APR 23 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11751 S. CLEVELAND AVE.
FORT MYERS FL 33907

Mailing Address

11751 S. CLEVELAND AVE.
FORT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12741 World Plaza Lane

Suite, Apt. #, etc.

Building 84, Suite 3

City & State

Fort Myers

Zip 33907

Country

U.S.A.

3. Mailing Address

5109 Del Prado Blvd.

Suite, Apt. #, etc.

City & State

Cape Coral

Zip 33904

Country

U.S.A.

4. FEI Number

65-1009312

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTEL, VIOLA
8109 DEL PRADO BLVD
CAPE CORAL FL 33904

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

(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 NAME ☐ Delete
MERM Behawy, Gilbert Emanuel
STREET ADDRESS Ghegagasse 30
CITY-ST-ZIP Graz - Austria - 8020

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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: X

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

- Behawy, Gilbert E. 03-27-01 941-540-0713

Date

Daytime Phone #

CR2E083 (11/00)