

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007987

1. Entity Name  
THE EDUCATED PALATE, LLC

FILED

01 MAR 28 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

27 FLETCHER AVENUE  
SARASOTA FL 34237

Mailing Address

27 FLETCHER AVENUE  
SARASOTA FL 34237

2. Principal Place of Business

4471 S. Shade Ave.  
Suite, Apt. #, etc.

3. Mailing Address

4471 S. Shade Ave.  
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34231

Country

Zip

34231

Country

4. FEL Number

65-1024919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FINKELSTEIN, DAVID  
27 FLETCHER AVENUE  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

Giuliano Hazan

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

4471 S. Shade Ave.

City

Sarasota

FL

Zip Code

34231

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 Giuliano Hazan (GIULIANO HAZAN)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Giuliano Hazan MGRM  
4471 S. Shade Ave.  
Sarasota, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Lael Hazan MGRM  
4471 S. Shade Ave.  
Sarasota, FL 34231

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400003984894--6  
-04/10/01--01063--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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:

Giuliano Hazan

2/5/2001

941-923-1333

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

Date

Daytime Phone #

0022303

AF

CR2E083 (11/00)