

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008069

1. Entity Name
VILLA JOJO RESTAURANT, L.L.C.

FILED

01 JUN -7 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
419 E. SHERIDAN COURT *Street*
DANIA FL 33004

Mailing Address
419 E. SHERIDAN COURT *Sq.*
DANIA FL 33004

2. Principal Place of Business
VILLA JOJO REST. LLC
Suite, Apt. #, etc.
419 Sheridan St

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
DANIA

Zip
33004

Country
Broward

City & State

Zip

Country

4. FEI Number
65-1025833

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
IN CORRECT - VINCENTO IENGO
COHN, SCOTT E
315 S.E. 7TH STREET, 2ND FL
FT LAUDERDALE FL 33301
2751 Ocean Club Blvd.
Hollywood FL 33019

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
Vincenzo Iengo
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 STREET ADDRESS CITY-ST-ZIP | VINCENZO IENGO 419 SHERIDAN ST. DANIA, FL 33004 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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: *X Vincenzo Iengo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: *2/8/01* Daytime Phone #: *9228 905*

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CR2E083 (11/00)