

2001 UNIFORM BUSINESS REPORT (UBR)

0017359 AF

DOCUMENT # L00000008279

1. Entity Name

IMPACT RESTAURANTS, L.L.C.

Principal Place of Business

Mailing Address

7627 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607

7627 COURTNEY CAMPBELL CAUSEWAY
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3662399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUNNELLS, KENT
101 MAIN STREET, SUITE A
SAFETY HARBOR FL 34695

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

10. ADDITIONS/CHANGES

TITLE NAME PRESIDENT & CEO (MANAGING MEMBER) ☐ Delete
STREET ADDRESS NARESH KANJI
CITY-ST-ZIP 7627 COURTNEY CAMPBELL CSUY
TAMPA, FL 33607

TITLE NAME 000004271860-01 ☐ Change ☐ Addition
STREET ADDRESS -05/18/01--01111--004
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME MEMBER ☐ Delete
STREET ADDRESS DILIP KANJI
CITY-ST-ZIP 7627 COURTNEY CAMPBELL CSUY
TAMPA, FL 33607

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] member
NARESH KANJI (Vice-President)

4-26-01

813-287-0907

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

Date

Daytime Phone #

CR2E083 (11/00)