

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009181

1. Entity Name

THE GOLF PUB RESTAURANT, LLC.

Principal Place of Business

Mailing Address

111 N.E. 1ST STREET, 2ND FLOOR
MIAMI FL 33132

111 N.E. 1ST STREET, 2ND FLOOR
MIAMI FL 33132

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

65-1118182

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

ROUSSO, MARK E
2875 N.E. 191 STREET, PH3A
AVENTURA FL 33180

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
Due By September 26, 2001

100004500151--7
-07/26/01--01060--030
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGRM	JAURE, JACINTO E	111 N.E. 1ST STREET, 2ND FLOOR	MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	CATTANEO, CARLOS LEONARD	111 N.E. 1ST STREET, 2ND FLOOR	MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGRM	PUCHETA, RAUL MANUEL	111 N.E. 1ST STREET, 2ND FLOOR	MIAMI FL 33132	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

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

7/20/01

305-371-4554

FILED

01 JUL 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE