## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2002 8:00 am Secretary of State DOCUMENT # L0000009189 1. Entity Name FULL PLATE HOSPITALITY I. L.L.C. 04-30-2002 90002 016 \*\*\*\*50.00 Principal Place of Business Mailing Address 808 W. HOWARD AVENUE **808 W. HOWARD AVENUE** TAMPA FL 33606 TAMPA FL 33806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1215 W. Brandon Blvd. City & State City & State 4. FEI Number Applied For Brandon, FL ラス-Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 33511 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALDEN, MICHAEL H ESQ. Alden. Michael H. Esq. 300 FIRST AVE., NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33701 847 <u>San Carlos Avenue NE</u> City Zip Code Petersburg 8. The above named entity submits this statement for the purpose of changing its re it, or both, in the State of Florida. SIGNATURE MICHAEL 11. Signature, typed or printed name of registered ag Michael H. Alden, Esq. April 16, 2002 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM □ Delete TITLE ☐ Change NAME ☐ Addition PALUZZI, PAUL NAME STREET ADDRESS 9415 BLIND PASS RD. SUITE 204 STREET ADDRESS CITY-ST-ZIF ST PETERSBURG FL 33706 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition MCHALE, THOMAS NAME STREET ADDRESS 16001 LANGHORNE CT. STREET ADDRESS CITY-ST-71F TAMPA FL 33647 CITY-ST-ZIP TITLE Delete MALIE ☐ Change M Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CRY-ST-71P 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 immitted liability company or the receiver optrustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: April 16, 2002 813655 0027