01, 17, 2001 954 463 0612 Date Destine Phone \*

## **2001 UNIFORM BUSINESS REPORT (UBR)**

GERMAN KTCHEN, LLC.  FILED  OI JAN 22 PM 3: 38  SECRETARY OF STATE FACELARSSEE, FLORIDA  SECRETARY OF STATE FACELARSSEE, FLORIDA  SURE ACRE 4. doc.  DO NOT WRITE IN THIS SPACE  City & State  City &	DOCU	IMENT# LOOO	1000708			7					
Principal Place of Business  85 NORTH EAST 17th TERRACE SUITE 2 FORT LAUDERDALE R 330M  2. Principal Place of Business  Suite, Apr. 4, etc.  Suite, Apr. 4, etc.  City & State  City & S	1. Entity Name						Princip I principa.				
Mailing Address SS NORTH EAST THT TERRACE SUITE 2 FORT LAUDERDALE FL 3304  2. Principal Piace of Business  Suite, Apr. 8, etc.  Suite,	GERMAN KITCHEN, L.L.C.						FILED				
SECRETARY OF STATE ACCUMENTATION ENGINEERS  SERVICIAL STATE STATE ACCUMENT  2. Principal Place of Business  Subs. April #, etc.  Subs. April #, etc.  City & State  City &							01 JAN 22 PM 3: 38				
2. Principal Place of Business   3. Mailing Address   DO NOT WRITE IN THIS SPACE    City 6. State   City 4. State   City 4. State   4. FEI Number   Next Applicable    Zip   Country   Zip   Country   S. Certificate of Status Desired   Proprietable    Street Address of Current Registered Agent   Notice   Status Desired   Proprietable    Street Address of Current Registered Agent   7. Name and Address of Now Registered Agent    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O. Box Number is Not Acceptable)    GROSSMAN, ALEXANDER   Street Address (P.O.	Principal Place of Business Mailing Address								•		
2. Principal Place of Business					. SUITE 2		JALLAHAS	SEF FLOR	TE		
Sulto, Apt. #, otic  City & State  City & FL  Zip Code  City & FL	10111 01001	charact to soods	TOTAL DIODERDALE FE OU	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		İ					
Suite, Apt. #, old:  City & State  City & FL  Zip Code  City & FL	2. Principal I	Place of Business			_						
City & State   City & State   City & State   City & State   A. FEI Number   Applied For   Mort Applicable   St. Out Applied For   Mort App									10:01 10:11 1001		
Zip Country Zip Country S. Certificate of Satus Desired Additional Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  GROSSMAN, ALEXANDER 925 NE 17TH TERRACE FORT LAUDERDALE FL 33304  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Acceptable)  SIGNATURE ALEXAN DIETE PROSESS (P.O. Box Number is Not Accept	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRIT			IOT WRITE IN T	E IN THIS SPACE		
S. Certificate of Status Desired	City & State City & State								-		
Some and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Pair Pair Pair Pair Pair Pair Pair Pair	Zip	Zip	Country								
GROSSMAN, ALEXANDER 925 NE 17TH TERRACE FORT LAUDERDALE FL 33304  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE ALE KA N DIE/R  L/2 OSS MANN  (NOTE Programm Regions required agent, or both, in the State of Florida.  SIGNATURE ALE KA N DIE/R  L/2 OSS MANN  (NOTE Programm Regions required agent, or both, in the State of Florida.  SIGNATURE ALE KA N DIE/R  L/2 OSS MANN  Make Check Payable to Department of State  9. MANAGING MEMBERS / MEMBERS  TITLE  NAME  STRET ADMRSS  CITY-S1-2P  TITLE  MANN  GROSS MANN  ALEXANDERS  CITY-S1-2P  TITLE  Delete  TITLE  NAME  STRET ADMRSS  CITY-S1-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  STRET ADMRSS  CITY-S1-2P  TITLE  Delete  TITLE  NAME  STRET ADMRSS  CITY-S1-2P  TITLE  Delete					·	_1			Fee Require		
9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  11ILE  MME  11ILE		b. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address	of New Register	red Agent		
######\$5,00 #####\$5,00 #####\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 ######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 #######\$5,00 ###################################	GROSSMAN, ALEXANDER				Street Address	ss (P.O. Box Number is Not Acceptable)					
City   FL   Zip Code											
B. 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 ALE KA VIDER 1305 MANY MAKE Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  TITLE MANY SIFET ROOPESS CITY-ST-2P FT LQ LCC dou's FL 33304 CITY-ST-2P CITY-ST-2P TITLE MANY SIFE KA VIDER 151 MANY SIFE KA ADDITIONS/CHANGES CITY-ST-2P CITY-ST-2P TITLE MANY SIFET ADDRESS CITY-	FORT LAUDERDALE FL 33304				City	· · · · · · · · · · · · · · · · · · ·					
SIGNATURE ALEXA N.D.E.R.   10.55   10.17, 2.001    PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   10.17, 2.001   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Payable to Department of State   PILE NOW!!! FEE IS \$50.00   Make Payable to Department of State   PILE NOW!! FEE IS \$50.00   Make Payable to Department of State Payable to Departme								FL Zip Codi	e 		
County   C	8. The above	anamed entity submits this statement for	or the purpose of changing its r	egistere	ed office or registe	ered agent,	or both, in the St	ate of Florida.			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  TITLE NAME  \$\$TER 2 PETE 12  THE NAME  \$\$TER ADDRESS OFF 1 Land dole FL 33304  THE NAME  \$\$TER ADDRESS OFF 1 LAND OFF NAME  \$\$TER ADDRESS OF	SIGNATURE	ALEXANDER SIZE	SSMANN	1.	12		<u>-</u>	01.1	7. 2001		
TITLE					•	of State					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				-		:	ADI	DITIONS/CHANG			
STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CI		STERZ PETEIZ	. LJ Detete		· I				∐ Change	☐ Addition	
Delete		925 NORTHEAST 17H	STERRACE X 2								
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME		11	□ n-1-1-	1			<u> 2000</u>	10357	16232 	5	
CITY-ST-ZIP		GROSSMANN ALEXA	NOISIR Delete		l l			*****55.[	)[] ******(][]	55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  Delete TITLE NAME  Change Addition Addition Addition Addition NAME		925 NORTH FAST 1746	TI DODAN	1	j j						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME		TI CHUULRUNCIE		_					☐ Change	T Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME											
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME											
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME  TITLE NAME  Change Addition NAME	TITLE		☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         NAME         Addition					- 1		JYI		-		
TITLE				•			1'.				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  NAME  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  NAME  NAME  NAME  NAME  NAME  NAME	TITLE		□ Delete						☐ Change	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         TITLE           NAME         NAME							٠,	.,		_	
TITLE TITLE Change Addition  NAME  Change Addition		j.						,			
NAME NAME	TITLE	<del> </del>	Delete	<b></b>					Change	☐ Addition	
STREET ADDRESS STREET ADDRESS	NAME	5- -			1		•	•			
CITY_CT_7IP			•		i i	-		*			
CITY-ST-ZIP CITY-ST-ZIP 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			Abia Elian dan anta mereta da				77(0)(1) 51 11 2				