

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90075 018 \*\*\*\*55.00

**DOCUMENT # L00000009798**

1. Entity Name

GERMAN KITCHEN, L.L.C.

Principal Place of Business

925 NORTH EAST 17TH TERRACE, SUITE 2  
 FORT LAUDERDALE FL 33304

Mailing Address

925 NORTH EAST 17TH TERRACE, SUITE 2  
 FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

9916 ROYAL PALM BLVD.

Suite, Apt. #, etc.

9916 ROYAL PALM BLVD.

City & State

CORAL SPRINGS / FL

City & State

CORAL SPRINGS / FL

Zip

33065

Country

USA

Zip

33065

Country

USA

6. Name and Address of Current Registered Agent

GROSSMAN, ALEXANDER  
 925 NE 17TH TERRACE  
 FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name ALEXANDER GROSSMANN

Street Address (P.O. Box Number is Not Acceptable)

9916 ROYAL PALM BLVD.

City CORAL SPRINGS FL Zip Code 33065

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 ALEXANDER GROSSMANN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

04/02/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	STER, PETER E	
STREET ADDRESS	925 NORTH EAST 17TH AVE. TERR #2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, ALEXANDER	
STREET ADDRESS	925 NORTH EAST 17TH AVE. TERR #2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERZ PETER	
STREET ADDRESS	9916 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMANN, ALEXANDER	
STREET ADDRESS	9916 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUBERT, PETER	
STREET ADDRESS	2450 NE 135 STREET #1012	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: ALEXANDER GROSSMANN

04/02/02 954-326-0243

Date

Daytime Phone #

CR2E083 (9/01)