

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010312

1. Entity Name

CHAPS DELI, L.L.C.

Principal Place of Business

ONE FINANCIAL PLAZA, SUITE 1600
FT. LAUDERDALE FL 33394

Mailing Address

ONE FINANCIAL PLAZA, SUITE 1600
FT. LAUDERDALE FL 33394

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYLE, BERNARD T ESQ.
ONE FINANCIAL PLAZA, SUITE 1600
FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name OMAR CHAPARRO

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

3209 HUNTINGTON

City WESTON FL

FL

Zip Code

33332

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

OMAR CHAPARRO President 4/30/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004302876--4
-05/23/01--01104--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE President
NAME Omar Chaparro
STREET ADDRESS 3209 Huntington
CITY-ST-ZIP Weston, FL 33332

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

OMAR CHAPARRO President 4/30/01

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

Date

Daytime Phone #

APPROVE
AND
FILED

01 MAY -2 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)