

2001 UNIFORM BUSINESS REPORT (UBR)

0007080 AF

DOCUMENT # L00000010461

1. Entity Name

ABSOLUTELY FABULOUS CULINARY PRODUCTIONS, L.L.C.

FILED

01 APR -2 PM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3420 WEST HALLANDALE BEACH BOULEVARD 3420 WEST HALLANDALE BEACH BOULEVARD
PEMBROKE PARK FL 33023 PEMBROKE PARK FL 33023

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

7. Name and Address of New Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MOSCOVITCH, AARON
STREET ADDRESS 3420 WEST HALLANDALE BEACH BOULEVARD
CITY-ST-ZIP PEMBROKE PARK FL 33023

TITLE ☐ Change ☐ Addition
NAME 100003962931--5
STREET ADDRESS -04/06/01--01074--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME MOSCOVITCH, STEVEN
STREET ADDRESS 3420 WEST HALLANDALE BEACH BOULEVARD
CITY-ST-ZIP PEMBROKE PARK FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/28/01

(954) 989-9480

CR2E083 (11/00)