

2001 UNIFORM BUSINESS REPORT (UBR)

0013662 AF

DOCUMENT # L00000012138

FILED

01 APR 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
GMJ RESTAURANT GROUP, LLC

Principal Place of Business
5300 GEORGIA AVENUE
WEST PALM BEACH FL 33405

Mailing Address
5300 GEORGIA AVENUE
WEST PALM BEACH FL 33405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3815 S. DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address
3815 S. DIXIE HWY
Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL
Zip
33405
Country
USA

City & State
WEST PALM BEACH, FL
Zip
33405
Country
USA

4. FEI Number
65-1039126
Applied For
 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, MIGUEL E
5300 GEORGIA AVENUE
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3815 S. DIXIE HWY
City WEST PALM BEACH FL Zip Code 33405

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 Miguel E. Molina DATE 4/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark Wade DATE 4-22-01 (501) DAYTIME PHONE # 835-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)