2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015019

1. Entity Name

BRASERO RESTUARANTS INTERNATIONAL, LLC

FILED

01 MAR 26 AM 8:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

3/30

Principal Place of Business	Mailing Address
12711 W. SUNRISE BLVD SUNRISE, FL, 33323	12711 W. SUNRISE Blvd SUNRISE, FL, 33323

2. Principal Place of Business		3. Mailing Address	
1799 BELL TOWER LANE		1730 MAIN STREET SUITE 228	
Suite, Apt. #, etc. WESTON, FLORIDA		Suite, Apt. #, etc. WESTON, FLORIDA	
City & State 33327	USA	City & State 33327	USA
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2586429 ☐ 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
LEVINE & SEGAUL, P.A. SUITE A-106 4300 N. UNIVERSITY DRIVE FORT LAUDERDALE, FL, 33351	Name ~~MARIA TERESA ALVAREZ~~ Street Address (P.O. Box Number is Not Acceptable) 566 STONEMONT Dr WESTON, FLORIDA FL 33326 City / 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 ______ 03/22/01
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

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-04/03/01--01068--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, CARLOS 12711 W. SUNRISE BLVD SUNRISE, FL, 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: ______ 03/22/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #