

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-06-2002 90130 037 ****50.00

DOCUMENT # L01000000141

1. Entity Name

TIMEOUT KITCHEN, LLC

Principal Place of Business

7969 S.W. 104 STREET #A102
 MIAMI FL 33156

Mailing Address

7969 S.W. 104 STREET #A102
 MIAMI FL 33156

90517

2. Principal Place of Business

11510 S.W. 104 ST.

Suite, Apt. #, etc.

3. Mailing Address

11510 S.W. 104 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33176

Country

MIAMI-DADE

Zip

33176

Country

MIAMI-DADE

4. FEI Number

65-1068885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAKER, ERIC
 12841 SW 147 LANE ROAD
 MIAMI FL 33186

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGER / AGENT ☐ Delete
 NAME: ERIC A. BAKER
 STREET ADDRESS: 11510 S.W. 104 ST.
 CITY-ST-ZIP: MIAMI, FL 33176

TITLE: MANAGER / SECRETARY ☐ Delete
 NAME: LEWIS TRUE
 STREET ADDRESS: 5858 S.W. 80 ST.
 CITY-ST-ZIP: MIAMI, FL 33143

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

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

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

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 REQUIRED

ERIC BAKER

4/23/02

(305) 271-4552

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

Date

Daytime Phone #

CR2E083 (9/01)