

FILED
Aug 21, 2002 8:00 am
Secretary of State

07-08-2002 90237 006 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001096

1. Entity Name

SUR LA TABLE, LLC

Principal Place of Business

**210 SEAVIEW DRIVE, #202
 KEY BISCAYNE FL 33149**

Mailing Address

**210 SEAVIEW DRIVE, #202
 KEY BISCAYNE FL 33149**

2. Principal Place of Business

**210 SEAVIEW DR
 Suite, Apt. #, etc.
 APT 202**

3. Mailing Address

**210 SEAVIEW DR
 Suite, Apt. #, etc.
 APT 202**

City & State

KEY BISCAYNE, FL

City & State

KEY BISCAYNE, FL

4. FEI Number

65-1068646

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** Delete
 NAME **INES N. PESCHIERA**
 STREET ADDRESS **210 SEAVIEW DR APT 202**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE Delete
 NAME **NO EMPLOYEES**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

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

7/4/02 (305)365-9038

Date Daytime Phone #

Mrs. [Signature]

8/19/02