

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90087 050 ****50.00

DOCUMENT # L01000001396

1. Entity Name

CARIBBEAN JACK'S RESTAURANT, LLC

Principal Place of Business

**10 COMPASS ROAD
 FORT LAUDERDALE FL 33308**

Mailing Address

**10 COMPASS ROAD
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3705836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
 103 NORTH MERIDIAN STREET
 LOWER LEVEL
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **DANIEL LYONNAIS**

Street Address (P.O. Box Number is Not Acceptable)

10 COMPASS ROAD

City **FORT LAUDERDALE FL** Zip Code **33308**

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 DATE **2/17/02**

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 **PRES./TREAS.** ☐ Delete
 NAME **DANIEL LYONNAIS**
 STREET ADDRESS **10 COMPASS ROAD**
 CITY-ST-ZIP **DAYTONA BEACH, FL. 32114**

TITLE **VICE PRES/SECY.** ☐ Delete
 NAME **DEBRA ANN LYONNAIS**
 STREET ADDRESS **10 COMPASS RD.**
 CITY-ST-ZIP **DAYTONA BEACH, FL. 32114**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 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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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

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

2/17/02 386-253-5557

Date

Daytime Phone #

CR2E083 (9/01)