

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90166 004 ****50.00

DOCUMENT # L01000002526

1. Entity Name

BT FOOD SYSTEMS OF LAKE WORTH, L.L.C.

Principal Place of Business

**2415 RIVERLANE TERRACE
 FORT LAUDERDALE FL 33312**

Mailing Address

**2415 RIVERLANE TERRACE
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

1139 N. OCEAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

1139 N. OCEAN BLVD

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BARNETT, CHARLES D
 8412 NATIVE DANCER RD
 PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **FRANK S. CONIGLIO**
 Street Address (P.O. Box Number is Not Acceptable)
1139 N. OCEAN BLVD
 City **PALM BEACH** **FL** Zip Code **33480**

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.

FRANK S. CONIGLIO

(NOTE: Registered Agent signature required when reinstating)

4/14/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
 NAME **TOOLE III, JOHN D**
 STREET ADDRESS **2415 RIVERLANE TERRACE**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 **MGRM** ☐ Change ☒ Addition
 NAME **FRANK S. CONIGLIO**
 STREET ADDRESS **1139 N. OCEAN BLVD**
 CITY-ST-ZIP **PALM BEACH, FL 33480**

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

FRANK S. CONIGLIO

Date

4/14/02

Daytime Phone #

561-833-352

0013351

CR2E083 (9/01)