

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90239 009 ****50.00

DOCUMENT # L01000002585

1. Entity Name

~~F&B, LLC~~ **Bravissimo of Naples, LLC**
 N/C Jan/23/2002

Principal Place of Business

430 ALMERIA
 CORAL GABLES FL 33134

Mailing Address

430 ALMERIA
 CORAL GABLES FL 33134

2. Principal Place of Business

849 7th Ave. South

3. Mailing Address

849 7th Ave South

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Naples, FL

City & State

Naples, FL

Zip

Country

34102 USA

Zip

Country

34102 USA

4. FEI Number

65-1090539

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNN B. LEWIS, P.A.
 1390 BRICKELL AVENUE, SUITE 280
 MIAMI FL 33131

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 / MEMBER	<input type="checkbox"/> Delete
NAME	FRANCISCO AQUINO	
STREET ADDRESS	4817 EUROPA DRIVE	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	LINCA S.A.	
STREET ADDRESS	Avenida El Cerro, Parque Metropolitano	
CITY-ST-ZIP	SANTIAGO, CHILE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MANAGER / MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCISCO AQUINO	
STREET ADDRESS	4817 EUROPA DRIVE	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINCA, S.A.	
STREET ADDRESS	Avenida El Cerro, Parque Metropolitano	
CITY-ST-ZIP	SANTIAGO, CHILE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Francisco Aquino

4/9/02 (239/404 8951)

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

Date Daytime Phone #

CR2E083 (9/01)