

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90205 034 \*\*\*\*50.00

**DOCUMENT # L01000003882**

1. Entity Name

**BARBELLS GRILL, LLC**

Principal Place of Business

**ONE FINANCIAL PLAZA  
SUITE 1600  
FT LAUDERDALE FL 33394**

Mailing Address

**ONE FINANCIAL PLAZA  
SUITE 1600  
FT LAUDERDALE FL 33394**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1087347**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MUCCI, MARK S ESQ  
BENSON MOYLE & MUCCI  
ONE FINANCIAL PLAZA SUITE 1600  
FT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name

**WILLIAM JACKSON**

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

**4545 N PINE ISLAND ROAD**

City

**SUNRISE**

**FL**

Zip Code

**33351**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGR</b>			
	<b>JACKSON, WILLIAM</b>			
	<b>4545 N PINE ISLAND RD</b>			
	<b>SUNRISE FL 33351</b>			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

Daytime Phone #

CR2E083 (9/01)