

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90094 002 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005728

1. Entity Name

DOS GRINGOS ON CALLE OCHO, LLC

Principal Place of Business

2134 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Mailing Address

2134 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEJ Number

65-1091953

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PAUL S ESQ.  
2134 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

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 MGR / PRESIDENT ☐ Delete  
 NAME TOBIN, MARK A  
 STREET ADDRESS 2134 HOLLYWOOD BLVD.  
 CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ~~MANAGING MEMBER~~ ☐ Delete  
 NAME PAUL S. MARTIN  
 STREET ADDRESS 2134 Hollywood Boulevard  
 CITY-ST-ZIP Hollywood, FL 33020

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
 NAME PAUL S. MARTIN  
 STREET ADDRESS 2134 Hollywood Boulevard  
 CITY-ST-ZIP Hollywood, FL 33020

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED PAUL S. MARTIN

1/11/02

954.923.4604

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

Date

Daytime Phone #

CR2E083 (9/01)