

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90382 007 ****50.00

DOCUMENT # L01000007686

1. Entity Name

L' ENTRECOTE OF BOCA, LLC

Principal Place of Business

**601 BRICKELL KEY DRIVE
 STE. 802
 MIAMI FL 33131**

Mailing Address

**601 BRICKELL KEY DRIVE
 STE. 802
 MIAMI FL 33131**

2. Principal Place of Business

131E PALMETTO PARKWAY ROAD

3. Mailing Address

131E PALMETTO PARKWAY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL 33432

City & State

BOCA RATON, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-1105022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VAZQUEZ, GERARDO A ESQ.
 601 BRICKELL KEY DRIVE
 STE. 802
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

EDUARDO ALLIEGRO

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

131E PALMETTO PARKWAY ROAD

City

BOCA RATON

FL

Zip Code

33432

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 MGRM
 NAME DIAZ, NICOLAS
 STREET ADDRESS 601 BRICKELL KEY DRIVE
 CITY-ST-ZIP MIAMI FL 33131**

☒ Delete

10. ADDITIONS/CHANGES

**TITLE MGRM
 NAME ALLIEGRO, EDUARDO
 STREET ADDRESS 131E PALMETTO PARKWAY ROAD
 CITY-ST-ZIP BOCA RATON, FL 33432**

☐ Change

☒ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

**TITLE
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 CITY-ST-ZIP**

☐ Change

☐ Addition

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 CITY-ST-ZIP**

☐ Change

☐ 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)