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FILED
Jul 08, 2002 8:00 am
Secretary of State

05-07-2002 90382 009 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009388

1. Entity Name

LA MAISON DE L' ENTRECOTE, LLC

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 802 MIAMI FL 33131	601 BRICKELL KEY DRIVE SUITE 802 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
7352 N.W. 35TH ST.	7352 N.W. 35TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33122 Country: USA	Zip: 33122 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

VAZQUEZ, GERARDO A
601 BRICKELL KEY DRIVE
SUITE 802
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: EDMUNDO AllIEGRO

Street Address (P.O. Box Number is Not Acceptable): 7352 N.W. 35TH ST.

City: MIAMI FL Zip Code: 33122

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]

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		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: ALLEGRO, EDMUNDO STREET ADDRESS: 601 BRICKELL KEY DRIVE CITY-ST-ZIP: MIAMI FL 33131	☐ Delete	TITLE: MGRM NAME: AllIEGRO, EDMUNDO STREET ADDRESS: 7352 N.W. 35TH ST. CITY-ST-ZIP: MIAMI FL 33122	☑ Change ☐ Addition
TITLE: MGRM NAME: Neri, Nerio STREET ADDRESS: 7352 NW 35th st. CITY-ST-ZIP: Miami, FL 33122	☐ Delete	TITLE: NAME: NERI, NERIO STREET ADDRESS: 7352 N.W. 35TH ST. CITY-ST-ZIP: MIAMI, FL 33122	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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] EDMUNDO T ALLIEGRO ... 4-17-02 (305) 597-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #