

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90080 049 \*\*\*\*50.00

**DOCUMENT # L01000010261**

1. Entity Name

**DYNAMIC RESTAURANT GROUP LLC**

Principal Place of Business

**4225 GENESEE ST.  
 BUFFALO NY 14225**

Mailing Address

**4225 GENESEE ST.  
 BUFFALO NY 14225**

2. Principal Place of Business

3. Mailing Address

**2499 GLADES RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 106**

City & State

City & State

**BOCA RATON FL**

4. FEI Number

**65-1121957**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33431**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSENTINO, JAMES A  
 C/O DYNAMIC RESTAURANT OF FLORIDA INC.  
 2499 GLADES RD., STE. 106B  
 BOCA RATON FL 33431**

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

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete  
 NAME **JAMES A. COSENTINO**  
 STREET ADDRESS **4225 GENESEE ST**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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: **DAVID SORATISID**  
**DAVID SORATISID**

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

**1-14-02 561 447 6848**

Date

Daytime Phone #

CR2E083 (9/01)