

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90550 001 \*\*\*\*50.00

0029266

**DOCUMENT # L01000010261**

1. Entity Name

**DYNAMIC RESTAURANT GROUP LLC**



Principal Place of Business

**4225 GENESEE ST.  
BUFFALO NY 14225**

Mailing Address

**2499 GLADES RD  
STE 106  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

**7634 N.W 6th AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

Zip

Country

Zip

**33487**

Country

**US**

4. FEI Number **65-1121957**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

**7634 N.W 6th AVE**

City

**BOCA RATON**

FL

Zip Code

**33487**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PS** ☐ Delete  
NAME **COSENTINO, JAMES A**  
STREET ADDRESS **4225 GENESEE ST**  
CITY-ST-ZIP **CHEEKTODAGO NY 14225**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**3/14/03 561-893-0535**

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

Date

Daytime Phone #

CR2E083 (10/02)