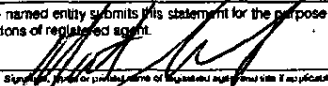


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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000010703			
1. Entity Name MAX'S GRILLE OF MIZNER LLC			
Principal Place of Business 4225 GENESEE ST. BUFFALO, NY 14225		Mailing Address 2499 GLADES ROAD SUITE 106 BOCA RATON, FL 33431	
2. Principal Place of Business 402 PLAZA REAL		3. Mailing Address 7634 N.W. 6th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State BOCA RATON FL	
4. FEI Number 65-1121958	Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐	5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent COSENTINO, JAMES A % DYNAMIC RESTAURANT OPERATIONS OF FL INC 2499 GLADES RD., STE. 106B BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name NAT SIEGEL Street Address (B.O. box numbers Not Acceptable) 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  DATE _____ Signature must be printed name of Registered Agent (must sign if applicable) (NOTE: Registered Agent signature required when dissolving)			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSENTINO, JAMES A 4225 GENESEE STREET CHEEKTOWAGO, NY 14225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900017531878 04/30/03--01085--011 ***0.00
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
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
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  DATE _____ DAYTON PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			