2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90032 013 ****50.00

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DOCUMENT # L01000011374

1. Entity Name
MARINO RESTAURANT GROUP, LLC

Principal Place of Business	Mailing Address
~~1313 VICTORIA ISLES WAY WESTON FL 33327~~	~~1313 VICTORIA ISLES WAY WESTON FL 33327~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1795 Bell Tower Lane	1795 Bell Tower Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston Fla	City & State: Weston FL
Zip: 33326 Country: Broward	Zip: 33326 Country: Broward

4. FEI Number: 03-0386139 ☐ Applied For ☐ Not Applicable

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
CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER (MAR) 201 SOUTH BISCAYNE BLVD. MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Anthony Marino 365 Eagle Drive Jupiter FL 33477 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sec/Treas Robin Marino 1513 Victoria Isles Way Weston FL 33327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Dominick DeLucchio 1829 NW 11 Ave Plantation FL 33322 ☐ 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
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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: X _____ 3-20-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #