

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90010 020 ****55.00

DOCUMENT # L01000011671

1. Entity Name

CAMBALACHE RESTAURANTE L.C.

Principal Place of Business

Mailing Address

17100 COLLINS AVENUE NO 114-115

5500 COLLINS AVENUE NO 1901

MIAMI BEACH FL 33160

MIAMI BEACH FL 33140

SUNNY ISLES

2. Principal Place of Business

17100 COLLINS AVE.

3. Mailing Address

5500 COLLINS AVE.

Suite, Apt. #, etc.

UNITS #114, 115

Suite, Apt. #, etc.

#1901

City & State

SUNNY ISLES CITY, FL

City & State

MIAMI BEACH FL

Zip

33160

Country

U.S.A.

Zip

33140

Country

U.S.A.

4. FEI Number

65-112 1704

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAUFMANN, JULIO
 5500 COLLINS AVE., STE 1901
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

SAME

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

TITLE **MGRM** ☒ Delete
 NAME **ANDRADA, JUAN**
 STREET ADDRESS **1221 BRICKELL AVE. SUITE 1100**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGRM** ☒ Delete
 NAME **KAUFMANN, JULIO**
 STREET ADDRESS **1221 BRICKELL AVE. SUITE 1100**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **ANDRADA, JUAN**
 STREET ADDRESS **5500 COLLINS AVE. STE. 1901**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **KAUFMANN, JULIO**
 STREET ADDRESS **5500 COLLINS AVE. STE. 1901**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

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

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

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

Date

Daytime Phone #

01-13-02 305 9482323

CR2E083 (9/01)