

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012861

1. Entity Name

HOPB RESTAURANT, LLC

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90138 006 ****50.00

Principal Place of Business

60 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

223 SUNSET AVE. #223
PALM BEACH FL 33480

2. Principal Place of Business

160 Royal Palm Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Zip
33480

Country
USA

Zip

Country

4. FEI Number

65-1126608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

10.

ADDITIONS/CHANGES

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Potapedia Management, Inc.
223 Sunset Ave, Ste 223
Palm Beach, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Heart of Palm, LLC
223 Sunset Ave, Ste 223
Palm Beach, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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TITLE
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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:

[Signature]

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

Date

4/18/02

Daytime Phone #

561-837-8623

CR2E083 (9/01)