

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-18-2002 90172 025 *****50.00

DOCUMENT # L01000013728

1. Entity Name

ROLANDI PASTA FACTORY & GRILL, L.L.C.

Principal Place of Business

**220 ALHAMBRA CIRCLE, SUITE 810
CORAL GABLES FL 33134**

Mailing Address

**220 ALHAMBRA CIRCLE, SUITE 810
CORAL GABLES FL 33134**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1137149

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEHRMAN, JEFFREY E. ESQ.
220 ALHAMBRA CIRCLE, SUITE 810
CORAL GABLES FL 33134**

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

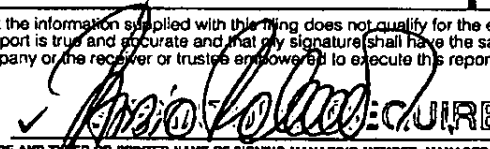
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROLANDI, FABIO MCAL LOPEZ ESQ. MAYOR INFTE., RIVAROLA PARAGUAY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCAVONE, OSCAR V % LABS DE PRODUCTOS ETICOS, S/APDTE FRANCO 599, ASUNCION, PARAGUAY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENTZENSEN, CHRISTIAN % DEUTSCHE BANK 24 INT'L, ADOLPHSPATZ 7 D-20457, HAMBURG, GERMANY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

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

2/2/2002

Date

305 448 2626

Daytime Phone #

CR2E063 (9/01)