

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0031709

DOCUMENT # L01000014602

1. Entity Name

ADAM RESTAURANT I, LLC

01-31-2002 90029 044 *****55.00

Principal Place of Business

**7000 SW 97TH AVE., STE. 210
 MIAMI FL 33173**

Mailing Address

**7000 SW 97TH AVE., STE. 210
 MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3744112

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMONS, BARRY L ESQ
 9700 SOUTH DIXIE HWY., STE. 1030
 MIAMI FL 33156**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
mGRM Wayne D. Lippman 13019 mar street Coral Gables, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
mGRM Dennis A. Koltun 12825 sw 103 court Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
mGR Adam D. Lippman 13019 mar street Coral Gables, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
mGR Adam S. Koltun 12825 sw 103 court Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wayne D. Lippman* **Wayne D. Lippman** 1/28/02 (305) 858-7707

CR2E083 (9/01)