

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

Zip

Country

Zip

Country

4. FEI Number

59-3744112

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

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

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"/> Change <input checked="" type="checkbox"/> Addition |
|--|---------------------------------|--|--|
| | | MGRM Wayne D. Lippman 13019 mar street Coral Gables, FL 33156 | |
| | | MGRM Dennis A. Koltun 12825 SW 103 Court Miami, FL 33176 | |
| | | MGR Adam D. Lippman 13019 mar street Coral Gables, FL 33156 | |
| | | MGR Adam S. Koltun 12825 SW 103 Court Miami, FL 33176 | |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | <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:

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

Date

Daytime Phone #

Wayne D. Lippman 1/28/02 (305) 858-7707

CR2E083 (9/01)