~~2002~~ UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
04-16-2002 90072 009 ****50.00

DOCUMENT # L01000014644 N/C RMM

1. Entity Name

~~B & B'S OF HOLLYWOOD~~, L.L.C. CHANGE OF NAME
325 BOCA BISTRO, L.L.C.

Principal Place of Business	Mailing Address
101 N. OCEAN DRIVE OCEANWALK MALL HOLLYWOOD FL 33019 US	PO BOX 812163 ATT: BRUCE BLUM BOCA RATON FL 33481 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
[redacted]	PO Box 812163
Suite, Apt. #, etc. PO Box 812163	Suite, Apt. #, etc. ATT: Bruce Blum
City & State [redacted] BOCA RATON FL	City & State BOCA RATON FL
Zip 33481-2163 Country [redacted]	Zip 33481-2163 Country Palm Beach

4. FEI Number 65-1132885 ☐ 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
BLUM, BRUCE S 16370 VIA FONTANA DELRAY BEACH FL 33484 - 6496	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	MGR. MEMBER Bruce S. Blum 16370 Via Fontana Delray Beach FL. 33484-6496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Robert B. Blum 5881 Town Bay Dr. Apt 9-35 Boca Raton FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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 REQUIRED 4/1/02 (561)289-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #