## 率 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000016328

VIC & IRV'S OF FLORIDA, LLC

Principal Place of Business 4300 N. UNIVERSITY DRIVE - SUITE A-106 FORT LAUDERDALE FL 33351		Mailing Address	Mailing Address					
		4300 N. UNIVERSITY DRIV	4300 N. UNIVERSITY DRIVE - SUITE A-106 FORT LAUDERDALE FL 33351					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-		TE IN THIS SPACE	
City & State		City & State	City & State		4 FELL	Number 15 1419	<del></del>	Applied For
Zip Country		Zip	Zip Country			ificate of Status Desired	□ \$5.00	Not Applicable  Additional
	6. Name and Address of Curr	rent Registered Agent	<del></del>		7 Nam	e and Addrage of New F	Fee Requirement Agent	uirea
LEVINE & SEGAUL, P.A. 4300 N. UNIVERSITY DRIVE - SUITE A-106 FORT LAUDERDALE FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
5 Thanks	e named entity submits this statemer						FL Zip C	>ode
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE  FILE NO  Make Check Pa	E: Registered Agent si	ignature required \$ \$50.00 partment of	d when reinstati		DATE	
9.	MANAGING MEN	MBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, HOWARD A 4300 N. UNIVERSITY DRIVE FORT LAUDERDALE FL 3335	□ Delete - SUITE A-106	TITLE NAME STREET ADDRES CITY-ST-ZIP	MGR JOHN ss 708	im 1 P.Z E. las	ICART Olas Blud- Left 33301	CHANGES Chang	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, JEFFREY L 4300 N. UNIVERSITY DRIVE - FORT LAUDERDALE FL 3335	□ Delete - SUITE A-106	TITLE NAME STREET ADDRES CITY-ST-ZIP			4,00000	☐ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, GARY A 4300 N. UNIVERSITY DRIVE - FORT LAUDERDALE FL 3335	it	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS			☐ Change	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHEEBURGER CHEEBURGEF 15951 MCGREGOR BLVD L FORT MYERS FL 33908		TITLE NAME STREET ADDRES CITY-ST-ZIP	38			☐ Change	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	35			☐ Change	e 🔲 Addition
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS	is			☐ Change	e 🔲 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

May 12, 2002 8:00 am Secretary of State 05-12-2002 90582 045 \*\*\*\*50.00