## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2002 8:00 am Secretary of State DOCUMENT # L01000019099 1. Entity Name 04-17-2002 90023 050 \*\*\*\*50.00 MONTY'S MIAMI BEACH LLC Principal Place of Business Mailing Address 2601 HALISSEE STREET 2601 HALISSEE STREET COCONUT GROVE FL 33133 **COCONUT GROVE FL 33133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1151401 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent = 7. Name and Address of New Registered Agent NAKHJAVAN, BIJAN I SR Street Address (P.O. Box Number is Not Acceptable) 2601 HALISSEE STREET **COCONUT GROVE FL 33133** Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM Delete TITLE Change Addition TITLE NAME NAKHJAVAN, BIJAN I NAME STREET ADDRESS 2601 HALISSEE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME ROUHANI, FARHANG S NAME STREET ADDRESS 212 SHORE DR. SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT GROVE FL 33133** MGRM TITLE" ☐ Change ☐ Addition ☐ Delete TITLE NAKHJAVAN, ARLETTE M NAME NAME STREET ADDRESS STREET ADDRESS 2601 HALISSEE STREET CITY-ST-ZIE CITY-ST-ZIP **COCONUT GROVE FL 33133 MGRM** ☐ Change ☐ Addition ☐ Delete TITI F TITLE ROUHANI, AMIR A NAME NAME STREET ADDRESS STREET ADDRESS 212 SHORE DR. SOUTH

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.

CITY-ST-7IP

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CITY-ST-ZIP

TITLE NAME

TITLE NAME **COCONUT GROVE FL 33133** 

**COCONUT GROVE FL 33133** 

ROUHANI, ARLETTE M

212 SHORE DR. SOUTH

MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition