

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90345 026 ****55.00

DOCUMENT # L01000022422

1. Entity Name

ITALIAN RESTAURANT MANAGEMENT CO., LLC

Principal Place of Business

**2800 PONCE DE LEON BLVD
 SUITE 1125
 CORAL GABLES FL 33134**

Mailing Address

**2800 PONCE DE LEON BLVD
 SUITE 1125
 CORAL GABLES FL 33134**

2. Principal Place of Business

6101 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 430

City & State

Miami FL

Zip

33126

Country

USA

3. Mailing Address

6101 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 430

City & State

Miami, FL

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0022881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HERMAN, ALISON P
 2800 PONCE DE LEON BLVD
 SUITE 1125
 CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **Manager / President** ☐ Delete
 NAME **Roland M. Bolis**
 STREET ADDRESS **6101 Blue Lagoon Drive Suite 430**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **Manager / Secretary / Treasurer** ☐ Delete
 NAME **Irma Bolis**
 STREET ADDRESS **6101 Blue Lagoon Drive Suite 430**
 CITY-ST-ZIP **Miami FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

7/16/02

305-262-6226

Date

Daytime Phone #

CR2E083 (4/02)