

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91433 049 \*\*\*\*50.00

DOCUMENT # L02000002770



1. Entity Name  
**CHEF JEAN PIERRE LLC**

Principal Place of Business

Mailing Address

**214 S.E. 6TH AVE.  
FT LAUDERDALE FL 33301**

**2665 S. BAYSHORE DR., STE. 703  
MIAMI FL 33133**



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

**03-0444666**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ - CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORLD CORPORATE SERVICES, INC.  
2665 SOUTH BAYSHORE DR., STE. 703  
MIAMI FL 33133**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE \_\_\_\_\_  
NAME **MGR**  
STREET ADDRESS **BREHIER, JEAN PIERRE**  
CITY-ST-ZIP **214 S.E. 6TH AVE.  
FT LAUDERDALE FL 3301**

☐ Delete

TITLE \_\_\_\_\_  
NAME **MGR**  
STREET ADDRESS **NARANJO, EDUARDO**  
CITY-ST-ZIP **3226 MARY ST., STE. 603  
COCONUT GROVE FL 33133**

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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 #

CR2F083 (10/02)