

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90187 036 *****50.00

0020745

DOCUMENT # L02000007829

1. Entity Name

FERRARA KITCHEN, LLC.



Principal Place of Business

6801 NW 77 AVE.
102
MIAMI FL 33166

Mailing Address

6801 NW 77 AVE.
102
MIAMI FL 33166

2. Principal Place of Business

DCOTA 1855 GRIFFIN RD

Suite, Apt. #, etc.

C 230

City & State

DANIA BEACH, FL

Zip

33004

Country

USA

3. Mailing Address

DCOTA 1855 GRIFFIN RD

Suite, Apt. #, etc.

C 230

City & State

DANIA BEACH, FL

Zip

33004

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0941466

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGRAPIDAKI, NICOLAS SR.
6801 NW 77 AVE.
102
MIAMI FL 33166

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AGRAPIDAKI, NICOLAS SR.	
STREET ADDRESS	6801 NW 77 AVE.	
CITY-ST-ZIP	102 FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AGRAPIDAKI, GIORGIOS SR.	
STREET ADDRESS	6801 NW 77 AVE.	
CITY-ST-ZIP	102 FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOSLING, ENRIQUE SR.	
STREET ADDRESS	6801 NW 77 AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/28/03 (954) 924-9622

Date

Daytime Phone #

CR2E083 (10/02)