

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91002 011 ****50.00

DOCUMENT # L02000014839

1. Entity Name
CHINA BEACH RESTAURANT, LLC.



Principal Place of Business
**102 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444**

Mailing Address
**102 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444**

2. Principal Place of Business
334 North Ocean Blvd

3. Mailing Address
same



☒ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach, FL 33483

City & State

4. FEI Number

Applied For
Not Applicable

Zip Country
33483 Palm Beach

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BALESTRIERI, LEOPOLD
102 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent

Name
Leopold Balestrieri
Street Address (P.O. Box Number is Not Acceptable)
334 North Ocean Boulevard

City
Delray Beach, FL Zip Code
33483

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.

Leopold Balestrieri

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/17/03

FILE NOW!!! FEE IS \$60.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
Leopold Balestrieri
334 North Ocean Boulevard
Delray Beach, FL 33483** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

Date

Daytime Phone #

Leopold Balestrieri
4/17/03

561-330-9269

CR2E083 (10/02)