

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001178

DOCUMENT # L02000023653

1. Entity Name

EMERIL'S MIAMI BEACH, LLC



FILED  
03 JUL 25 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

201 SOUTH BISCAYNE BLVD., 1500 MIAMI CENTE  
R C/O KEVIN COWAN  
MIAMI FL 33131

Mailing Address

201 SOUTH BISCAYNE BLVD., 1500 MIAMI CENTE  
R C/O KEVIN COWAN  
MIAMI FL 33131

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

72-1408490

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

CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD., 1500 MIAMI CENTE  
R C/O KEVIN COWAN  
MIAMI FL 33131

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Emeril's Homebase, LLC  
829 St. Charles Ave.  
New Orleans, LA 70130  
MANAGER ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
400021789584

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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]*

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

07-17-03

Date

504-524-4241

Daytime Phone #

CR2E083 (4/03)



# L02000023653

ACCOUNT NO. : 072100000032

REFERENCE : 182646 4304009

AUTHORIZATION

*Patricia Pizutto*

COST LIMIT : \$ 50.00

ORDER DATE : July 25, 2003

ORDER TIME : 11:12 AM

ORDER NO. : 182646-005

CUSTOMER NO: 4304009

CUSTOMER: Ms. Olga Duque  
Shutts & Bowen Llp  
1500 Miami Center  
201 S. Biscayne Boulevard  
Miami, FL 33131

RECEIVED  
03 JUL 25 PM 12:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: EMERIL'S MIAMI BEACH, LLC

**BK**

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
03 JUL 25 PM 4:22  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA