

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90098 029 ****50.00

DOCUMENT # L02000027724

1. Entity Name

BONI LOUNGE, LLC



Principal Place of Business

Mailing Address

20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

2. Principal Place of Business

18901 NE 29 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Zip

33180

Country

Miami-Dade

Zip

Country

4. FEI Number

22-3878951

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD., SUITE 205
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
Dade County Corporate Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
18901 NE 29 Avenue
Suite 100
City
Aventura FL Zip Code
3318

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)

9/11/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PERLOW, JEFFREY M
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR.
Jeffrey M. Perlow
18901 NE 29 Avenue #100
Aventura, FL 33180 ☒ Change ☐ Addition

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

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

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☐ 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 REQUIRED

9/11/03

305-933-2000

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

Date

Daytime Phone #

CR2E083 (4/03)