# 2003 LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L02000030184

**1.** Entity Name

**OAKLAND PARK CAFE LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 420 NE 3RD STREET<br>FORT LAUDERDALE FL 33301 | 420 NE 3RD STREET<br>FORT LAUDERDALE FL 33301 |

| **2.** Principal Place of Business | **3.** Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| Zip | Country | Zip | Country |
|---|---|---|---|

**CHECK HERE IF MAKING CHANGES** ☑

**4.** FEI Number  06-1657478  ☐ Applied For / ☐ Not Applicable

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

| **6.** Name and Address of Current Registered Agent | **7.** Name and Address of New Registered Agent |
|---|---|
| BSPA CORPORATE SERVICES, INC.<br>350 EAST LAS OLAS BOULEVARD STE. 1000<br>FORT LAUDERDALE FL 33301 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE m<br>NAME THIES, WILLIAM F.<br>STREET ADDRESS 420 NE 3RD STREET<br>CITY-ST-ZIP FT. LAUDERDALE, FL 33301 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE m<br>NAME THIES, JAMES H<br>STREET ADDRESS 420 NE 3RD STREET<br>CITY-ST-ZIP FT. LAUDERDALE, FL 33301 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE m<br>NAME SCHIAVONE, TIMOTHY<br>STREET ADDRESS 420 NE 3RD STREET<br>CITY-ST-ZIP FT. LAUDERDALE, FL 33301 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E083 (10/02)

**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_ William F. Thies   4/9/03   954 467-2708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #