

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030572

1. Entity Name

OLIVES NATURAL EATERY, LLC



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90578 029 ****50.00

0032082

Principal Place of Business 1801 SOUTH FEDERAL HIGHWAY SUITE 237 DELRAY BEACH FL 33483 US	Mailing Address 1801 SOUTH FEDERAL HIGHWAY SUITE 237 DELRAY BEACH FL 33483 US
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2. Principal Place of Business 720 E. Las Olas. Suite, Apt. #, etc.	3. Mailing Address 720 E Las Olas Suite, Apt. #, etc.
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City & State Ft. Lauderdale, FL Zip 33301 Country USA	City & State Ft. Land., FL Zip 33301 Country USA
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAM R. HEITZ, P.A. 1801 SOUTH FEDERAL HIGHWAY SUITE 237 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent Name WILLIAM R. HEITZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 1401 FORUM WAY SU 201 City WEST PALM BEACH FL Zip Code 33401
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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 <i>William R. Heitz</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4/30/03
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINA, SAMI 1801 SOUTH FEDERAL HIGHWAY, SUITE 237 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	720 E. LAS OLAS. FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William R. Heitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03

561-274-7000

Date Daytime Phone #

CR2E083 (10/02)