

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L94000000423

1. Entity Name

R.A.C. 102J L.C.

Principal Place of Business

10800 BISCAYNE BLVD.
PENTHOUSE
MIAMI FL 33161

Mailing Address

2701 ALTON PKWY
CORP TAX DEPT.
IRVINE CA 92606-5149

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

65-0523841

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS KOO KOO ROO, INC.
CITY- ST- ZIP 2701 ALTON PKWY
IRVINE CA 92606 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300003249493--9
CITY- ST- ZIP -05/11/00--01123--022

TITLE NAME MGRM
STREET ADDRESS RESTAURANT ACQUISITION CORP.
CITY- ST- ZIP 10800 BISCAYNE BLVD. P/H
MIAMI FL 33161 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ☒ Change ☐ Addition

TITLE NAME MGRM
STREET ADDRESS HARRIS, MEL
CITY- ST- ZIP 10800 BISCAYNE BLVD. P/H
MIAMI FL 33161 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition

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

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

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

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

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

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 OR MANAGER

Date

Daytime Phone #

ROBERT T. TREBING JR. 4/24/00 919-757-7700

CR2E083 (9/99)