2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)							A	PPHO	14. L	
DOCUMENT # L9500000747 1. Entity Name							FILED			
R.A.C. 103J L.C.							01 APR 16 PM 3: 42			
Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
10800 BISCA) MIAMI FL 331	ME BLVD F		2701 ALTON PKWY CORP TAX DEPT. IRVINE CA 92606							A
2. Principal Place of Business 2701 Alton Parkway 3. Mailing Address							T HOREIDIT DIE TOURS DEINE BOURL DRINE -	HAIRI BEIII BAI	KI BENIT 18811 I	
Suite, Apt.	#, etc.	_: =	Suite, Apt. #, etc.			,	DO NOT WRITE IN THIS SPACE			
City & Stat Irvine	e, CA		City & State			4. FEI	4. FEI Number 65-0634562 Applied For Not Applicable			
Zip 92606-	-5Î 4 9	Country USA	Zip Coun		ntry	5. Cer	tificate of Status Desired	□ \$	5.00 Add se Require	litional d
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324						·			T ==	
					City			FL	Zip Cod	Đ
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!!! Make Check Payable to							7000040 -04/20/ ******	'01 01	054	
9.		MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/C	HANGES	*****	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOO KOO 2701 ALTO IRVINE CA		Delete]	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESTAUR/ 10800 BIS MIAMI FL				2701 Alt	nber Dicensing Systems, Inc. Old Alton Parkway Zine. CA 92606-5149				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, N	MEL Cayne Blvd Penth	x⊠ Detete		į.	<u> </u>		[Change	☐ Addition
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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 entodycered to execute this report as required by Chapter 608, Florida Statutes.										