APPROVEL

949/757-7900

- Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF S

DOCUMENT # L96000001216  R.A.C. 106J L.C.						OI APR 16 PM 3: 42 SECRETARY OF STATE TABLE HASSEE. FLORIDA			
Principal Plac	ce of Business	Mailing Address				or and and the	SEC. PEUNIO	AY.	
10800 BISCA) PENTHOUSE MIAMI FL 331	YNE BLVD.	2701 ALTON PKWY CORP TAX DEPT. IRVINE CA 92606	2701 ALTON PKWY CORP TAX DEPT.						
	Place of Business Alton Parkway	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
fivisie	, CA	City & State	City & State			4. FEI Number Applied For Not Applicable			
92606-	-5149 Country USA	Zip	Zip Country			5. Certificate of Status Desired   \$5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Nar	ne and Address of New Reg	jistered Agent		l
		•		Name					!
CT CORPORATION SYSTEM				Street A	ddress (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					•				ŀ
PLANIAII	UN FL 33324			City			FL Zip Co	ode	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or	registered agent	, or both, in the State of Florid	da.		!
SIGNATURE .					· · · · · · · · · · · · · · · · · · ·		DATE		
				FEE IS \$		1000040351818 -04/20/0101054019			
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOO KOO ROO, INC. 2701 ALTON PKWY	☐ Delete					☐ Change	_	G082 (11,00)
TITLE NAME STREET ADDRESS	IRVINE CA 92606  MGRM RESTAURANT ACQUISITION COF 10800 BISCAYNE BLVD. PENTHO			J		Roo Licensing S on Parkway CA 92606-5149	Dichange Systems, In	Addition	Cac
CITY-ST-ZIP	NORTH MIAMI FL 33161	<b>₩</b> Delete	TITLE		Irvine,	CA 92606-5149	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM   HARRIS, MEL   10800 BISCAYNE BLVD. PENTHO   NORTH_MIAMI FL 33161		NAMI STRE						
TITLE NAME STREET ADORESS	NOTIFIE AND LEGISLATION OF THE PROPERTY OF THE	☐ Delete		ET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP			_	-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Li Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
11. I hereby o	pertify that the information supplied with on this report is frue and accurate and bility company of the receive or trustee	this filing does not qualify for that my signature shall have einpowered to execute this	r the exer	nption stat	ted in Section 119 ct as if made und by Chapter 608, F	9.07(3)(i), Florida Statutes. 1 fu er oath; that I am a managin lorida Statutes.	urther certify that the g member or manag	information ger of the	