

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 16 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000000884

1. Entity Name

R.A.C. 110J L.C.

Principal Place of Business

10800 BISCAYNE BLVD - PH
MIAMI FL 33161

Mailing Address

2701 ALTON PKWY
CORP TAX DEPT.
IRVINE CA 92606

2. Principal Place of Business

2701 Alton Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Irvine, CA

City & State

4. FEI Number

65-0792826

Applied For

Not Applicable

Zip

92606-5149

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

500004035995--7
-04/20/01--01088--017
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

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

TITLE NAME MGRM RESTAURANT ACQUISITION CORP ☒ Delete
STREET ADDRESS 10800 BISCAYNE BLVD - PH
CITY-ST-ZIP MIAMI FL 33161

TITLE NAME MGRM HARRIS, MEL ☒ Delete
STREET ADDRESS 10800 BISCAYNE BLVD - PH
CITY-ST-ZIP MIAMI FL 33161

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE NAME Member ☒ Change ☒ Addition
STREET ADDRESS Koo Koo Roo Licensing Systems, Inc.
CITY-ST-ZIP 2701 Alton Parkway
Irvine, CA 92606-5149

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

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

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 of 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert T. Trebing, Jr.

Date

4/4/01

Daytime Phone #

949/757-7900

CR2E083 (11/00)