

2000 UNIFORM BUSINESS REPORT (UBR)

0002071 AF

DOCUMENT # L98000000945

1. Entity Name

INNOVATIVE RESTAURANT OF VERO, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 2:50

Principal Place of Business

321 21ST ST. BLDG B
VERO BEACH FL 32960

Mailing Address

2611 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-4939

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

65-0903058

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BROEK, DARREL
2611 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33062

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **BROEK, DARREL**
CITY - ST - ZIP **2611 EAST ATLANTIC BOULEVARD**
POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **SAUCY, OLIVER**
CITY - ST - ZIP **2611 EAST ATLANTIC BOULEVARD**
POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **Respirato, Gianni**
CITY - ST - ZIP **2611 E. Atlantic Blvd.**
Pompano Beach FL 33062

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **Bathoo, Nikolai**
CITY - ST - ZIP **10619 W. Atlantic Blvd. #118**
Coral Springs FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

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

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

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TITLE ☐ Change ☐ Addition
NAME
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-13-00

Date

954 782 0606

Daytime Phone #

CR2E083 (9/99)