

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007577 AF

DOCUMENT # **L98000000945**

1. Entity Name

**INNOVATIVE RESTAURANTS OF WESTON, L.L.C.**

Principal Place of Business

321 21ST ST. BLDG B  
VERO BEACH FL 32960

Mailing Address

2611 E. ATLANTIC BLVD.  
POMPANO BEACH FL 33062

2. Principal Place of Business

**2611 E Atlantic Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

Zip

Zip **33062**

Country

**Broward**

Country

4. FEI Number

**65-0903058**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional Fee Required**

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 BROEK, DARREL**  
STREET ADDRESS **2611 EAST ATLANTIC BOULEVARD**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

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

TITLE ☐ Delete  
NAME **MGRM BATTOO, NIKOLAI**  
STREET ADDRESS **10619 W. ATLANTIC BLVD. #118**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**300004086333-1**  
**-04/27/01--01093--006**  
**\*\*\*\*\*5.00 \*\*\*\*\*5.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**300004086333-1**  
**-04/27/01--01093--007**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/21/01 (954) 782-0606**

Date

Daytime Phone #

CR2E083 (11/00)

