

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

0013898

DOCUMENT # **L98000001082**

09-22-2003 90104 010 \*\*\*\*50.00

1. Entity Name

**DHL RESTAURANT L.C.**



Principal Place of Business

Mailing Address

~~1756 N. FEDERAL HWY  
FORT LAUDERDALE FL 33305~~

~~1756 N. FEDERAL HWY  
FORT LAUDERDALE FL 33305~~

**1570 Madruga Av  
Coral Gables, FL 33156**

**1570 Madruga Av  
Coral Gables, FL 33156**

2. Principal Place of Business

3. Mailing Address

**90157990**



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0853309**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVIN, STANTON G  
1570 MADRUGA AVE., SUITE 311  
CORAL GABLES FL 33146**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| 9. MANAGING MEMBERS / MANAGERS            |                                 | 10. ADDITIONS / CHANGES |   |
|---|---------------------------------|-------------------------|---|
| TITLE                                     | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>LEVIN, DAVID H</b>             |                                 | NAME                    |   |
| STREET ADDRESS<br><b>613 STANTON LANE</b> |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP<br><b>WESTON FL 33326</b>     |                                 | CITY-ST-ZIP             |   |
| TITLE                                     | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                      |                                 | NAME                    |   |
| STREET ADDRESS                            |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP             |   |
| TITLE                                     | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                      |                                 | NAME                    |   |
| STREET ADDRESS                            |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP             |   |
| TITLE                                     | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                      |                                 | NAME                    |   |
| STREET ADDRESS                            |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP                               |                                 | CITY-ST-ZIP             |   |
| TITLE                                     | <input type="checkbox"/> Delete | TITLE                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                      |                                 | NAME                    |   |
| STREET ADDRESS                            |                                 | STREET ADDRESS          |   |
| CITY-ST-ZIP                               |                                 | 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)(l), 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: **X**

**SIGNATURE REQUIRED**

**9/17/03**

**305 667 1988**

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

Date

Daytime Phone #

CFR2E083 (4/03)