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

DOCUMENT # L9800001855  1. Entity Name STEVIE B'S ENTERPRISES OF FLORIDA II, L.C.						FILED 01 APR - 4 AM 7: 57				
						CECDETA	DV OF ST	ATE		
Principal Place	e of Business	Mailing Address	ailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2721 HIATUS ROAD			7777 N. DAVIE ROAD EXT., SUITE 102B			32 1 22 20 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	,			
COOPER CITY	/ FL	HOLLYWOOD FL 33024	HOLLYWOOD FL 33024							
2. Principal Pl	lace of Business	3. Mailing Address			<b>⊣</b>					
			Suite Act # etc			DO NOT WRITE IN THIS SPACE				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WA	IIE IIN I III O OFF	4CE		
City & State	e (	City & State			4. FEI N	umber 65-086612	22		plied For Applicable	
Zip	Country	Zip	Countr	ry	5. Certifi	cate of Status Desired		5.00 Add	itional	
	6. Name and Address of Curr	ent Registered Agent	<u>-                                    </u>	<u> </u>	7. Name	and Address of New				
	o. Italia and Audress of Curr	aur izeAlare.en wâqur		Name				,		
BIRGER,	STEVE	_	Street Addres		s (P.O. Box Nu	ımber is Not Acceptab	le)			
1377 VER	RA CRUZ LANE	•				4	<u> </u>			
WESTON	FL 33127		Ĺ							
				City			FL	Zip Code	,	
		nt for the purpose of changing i	its registere	d office or regis	tered agent, o	r both, in the State of F	orida.			
8. The above	named entity submits this statemer								1	
8. The above	named entity submits this statemen	. ,								
CIONATURE			OTE: Registered	Agent signature requ	ired when reinstatin	g)	DATE			
CIONATURE		egent and title if applicable. (NC		Agent signature requ	1	g)	DATE	-		
CIONATURE		egent and title if applicable. (NC	NOW!!! F	EE IS \$50.0	0	g) .	DATE			
SIGNATURE _	Signature, typed or printed name of registered a	egent and title if applicable. (NO	NOW!!! F	EE IS \$50.0	0		DATE  B/CHANGES			
SIGNATURE _	Signature, typed or printed name of registered a  MANAGING ME	ngent and title if applicable. (NO FILE I Make Check F	NOW!!! F Payable to	FEE IS \$50.0 Department	0		S/CHANGES	☐ Change	☐ Addition	
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MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #