

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002014

1. Entity Name  
PAWS & CLAWS CAFE L.L.C.

FILED

00 JAN 18 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
3936 WEST KENNEDY BLVD. SUITE B 3936 WEST KENNEDY BLVD. SUITE B  
TAMPA FL 33609 TAMPA FL 33609-2722

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 59-3534481 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DI MARINO, RICHARD  
4716 VASCONIA STREET  
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name DiMarino, Richard  
Street Address (P.O. Box Number is Not Acceptable)  
5000 Culbreath Key Way Apt 8-128  
City Tampa FL Zip Code 33611

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 *Richard DiMarino* 1/14/00  
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 NAME MGRM DI MARINO, RICHARD ☐ Delete  
STREET ADDRESS 4716 VASCONIA STREET  
CITY- ST- ZIP TAMPA FL 33629

TITLE NAME MGRM DI MARINO, KASSANDRA ☐ Delete  
STREET ADDRESS 4716 VASCONIA STREET  
CITY- ST- ZIP TAMPA FL 33629

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM DiMarino, Richard ☒ Change ☐ Addition  
STREET ADDRESS 5000 Culbreath Key Way 8-128  
CITY- ST- ZIP Tampa FL 33611

TITLE NAME MGRM DiMarino, Kassandra ☒ Change ☐ Addition  
STREET ADDRESS 5000 Culbreath Key Way 8-128  
CITY- ST- ZIP Tampa FL 33611

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003112213--5  
CITY- ST- ZIP -01/27/00--01013--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS *[Signature]*

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS

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

Date

Daytime Phone #

1/14/00 813-877-7400