

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000041

1. Entity Name
DUOMO FOOD CONCEPTS - DORAL L.L.C.

FILED

01 JAN 26 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10650 N.W. 41ST STREET
MIAMI FL 33178

Mailing Address
10650 N.W. 41ST STREET
MIAMI FL 33178

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 65-0900882

Applied For
Not Applicable

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

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.
MIAMI FL 33131

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 _____ (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

10. ADDITIONS / CHANGES

TITLE NAME MGR PALENZONA, ROMANO ☐ Delete
STREET ADDRESS 5361 FISHER ISLAND DRIVE
CITY-ST-ZIP MIAMI FL 33109-0310

TITLE NAME MGR PALENZONA, ROMANO ☒ Change ☐ Addition
STREET ADDRESS 10540 NW 26 St. Suite G-104
CITY-ST-ZIP MIAMI FL, 33172

TITLE NAME MGR PALENZONA, PATRIZIA ☐ Delete
STREET ADDRESS 5361 FISHER ISLAND DRIVE
CITY-ST-ZIP MIAMI FL 33109-0310

TITLE NAME MGR PALENZONA, PATRIZIA ☒ Change ☐ Addition
STREET ADDRESS 10540 NW 26 St. Suite G-104
CITY-ST-ZIP MIAMI FL, 33172

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003631855-3
CITY-ST-ZIP -02/02/01--01140--014
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: Patrizia Palenzona PATRIZIA PALENZONA 01/22/01 (305) 7184148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)