

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90598 013 *****50.00

DOCUMENT # L99000000473

1. Entity Name

**GRILLFISH OF CORAL GABLES LIMITED LIABILITY COMP
 ANY**

Principal Place of Business

**2325 GALIANO STREET
 CORAL GABLES FL 33134**

Mailing Address

**2325 GALIANO STREET
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

410 GRILLFISH MIAMI

Suite, Apt. #, etc.

1444 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH FL

Zip

Country

Zip

Country

33139

USA

4. FEI Number

65-0892765

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

**WEIDER, NORMAN S ESQ
 100 S.E. 2ND STREET, SUITE 3950
 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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **STRAY DOG CORAL GABLES, L.L.C.**
 STREET ADDRESS **2325 GALIANO STREET**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME **1444 COLLINS AVENUE**
 STREET ADDRESS **MIAMI BEACH FL 33139**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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

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

Date

Daytime Phone #

CR2E083 (9/01)