

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000610

1. Entity Name  
DOUGH ENTERPRISES OF SOUTH FLORIDA, L.L.C.

FILED

01 JAN 17 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4545 N. OCEAN DR., 10-B  
BOCA RATON FL 33431

Mailing Address  
4545 N. OCEAN DR., 10-B  
BOCA RATON FL 33431

2. Principal Place of Business  
4545 N. OCEAN BLVD

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
SUITE 10B

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL.

City & State

4. FEI Number 65-0893088

Applied For  
Not Applicable

Zip 33431 Country USA

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

SACHS, PETER S ESQ.  
301 YAMATO ROAD, SUITE 4150  
NORTHERN TRUST PLAZA  
BOCA RATON FL 33431

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS SCHRAMM, RICHARD M  
CITY-ST-ZIP 4545 N. OCEAN DR., 10-B  
BOCA RATON FL 33431 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003568188--3  
CITY-ST-ZIP -01/23/01--01089--004

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00  
CITY-ST-ZIP \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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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: *Richard M Schramm*

1/10/01 561-866-9500

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

Date

Daytime Phone #

CR2E083 (11/00)