2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000704

1. Entity Name

DINOPETE'S, L.L.C.

9/29/00

FILED

01 AUG 16 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4221 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021	4221 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021

[redacted]

DO NOT WRITE IN THIS SPACE

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: 65-0892808 ☐ 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
PIONEGRO, NICHOLAS 4221 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021	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 X [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 / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT PIONEGRO, NICHOLAS MGRM 4221 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021 ☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition 100004553221--4 -08/24/01--01012--001 ****200.00 ****200.00
☐ Delete	☐ Change ☐ Addition
☐ Delete	REINSTATEMENT 00-01 ☐ Change ☐ Addition
☐ Delete	50.00-CF 50.00-Adm ☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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] NICHOLAS PIONEGRO 4-26-01 954-966-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #