

2001 UNIFORM BUSINESS REPORT (UBR)

001133 AF

DOCUMENT # L99000001295

1. Entity Name

THE RESTAURANT GROUP OF SOUTH FLORIDA, L.L.C.

FILED

01 APR -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19501 NE. 10TH AVENUE
BAY C
N. MIAMI BEACH FL 33179

Mailing Address

19501 NE. 10TH AVENUE
BAY C
N. MIAMI BEACH FL 33179



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0906481

4. FEI Number

65-0906481

APPLIED FOR

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

JAMES, KEITH A ESQ.
222 LAKEVIEW AVENUE, SUITE 800
WEST PALM BEACH FL 33401

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
STREET ADDRESS
CITY - ST - ZIP
MGR
OWENS, RONALD
19501 NE. 10TH AVENUE, BAY C
N. MIAMI BEACH FL 33179 ☐ Delete

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

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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:

Ronald L Owens

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

Date

Daytime Phone #

CR2E083 (11/00)