2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001478

APPROVED AND FILED

00 APR -3 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
LA MEZZANINE RESTAURANT, LLC

Principal Place of Business	Mailing Address
1619 7TH AVE. EAST TAMPA FL	COWEZ WESTIN INNISBROOK RESORT #224 36750 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684-1239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1619 7th Ave East Suite, Apt. #, etc.	1619 7th Ave East Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33605 Country:	Zip: 33605 Country:

4. FEI Number ☑ 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
MCFARLAND, JOSEPH B 4830 W. KENNEDY BLVD., SUITE 750 TAMPA FL 33609	Name: Renaud COWEZ Street Address (P.O. Box Number is Not Acceptable): 1619 7TH Ave City: TAMPA FL Zip Code: 33605

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: _____ Owner 02-23-00
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 COWEZ, PHILLIPPE 36750 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner MGR M COWEZ PHILIPPE 1145 Riveredge dr Tarpon Springs, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PIROT, GERARD 5472 BAYWATER DRIVE TAMPA FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PIROT GERARD MGR 10204 MILPORT DRIVE TAMPA FL 33626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000003219560--4 -04/24/00--01022-00 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 02 03 00 813-241-4138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)