

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004264

1. Entity Name

INNOVATIVE RESTAURANTS OF DELRAY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 16 PM 2:50

Principal Place of Business

2611 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33062

Mailing Address

2611 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33062-4939

2. Principal Place of Business

777 E. Atlantic Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

DeLray Beach FL

City & State

Zip

Country

33483 USA

Country

4. FEI Number

05-0956772

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROEK, DARREL

2611 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM BROEK, DARREL
STREET ADDRESS 2611 EAST ATLANTIC BLVD.
CITY- ST- ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE NAME MGRM SANCY, OLIVER
STREET ADDRESS 2611 E. Atlantic Blvd.
CITY- ST- ZIP Pompano Beach FL 33062 ☐ Delete

TITLE NAME MGRM Respinto, Gianni
STREET ADDRESS 2611 E Atlantic Blvd.
CITY- ST- ZIP Pompano Beach FL 33062 ☐ Delete

TITLE NAME MGRM Nikolai Battoo
STREET ADDRESS 10619 W. Atlantic Blvd #118
CITY- ST- ZIP Coral Springs FL 33071 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 4000003184004--0
CITY- ST- ZIP -03/24/00--01124--012
*****55.00 *****55.00

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-13-00

Date

Daytime Phone #

931 782 0606