

2001 UNIFORM BUSINESS REPORT (UBR)

0007594 AF

DOCUMENT# L99000004264

1. Entity Name
INNOVATIVE RESTAURANTS OF DELRAY, L.L.C.

FILED

01 APR 19 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

777 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

Mailing Address

2611 E. ATLANTIC BLVD.
POMPAÑO BEACH FL 33062-4939

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

65-0956772

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BROEK, DARREL
2611 EAST ATLANTIC BLVD.
POMPAÑO 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

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
200004083912-8-16
-04/27/01--01025--017
*****5.00 *****5.00

TITLE NAME ☐ Delete
MGRM
SAUCY, OLIVER
STREET ADDRESS 2611 EAST ATLANTIC BLVD.
CITY-ST-ZIP POMPAÑO BEACH FL 33062

TITLE NAME ☐ Change ☐ Addition
200004083912-5-5
-04/27/01--01025--018
*****5.00 *****50.00

TITLE NAME ☐ Delete
MGRM
RESPINTO, GIANNI
STREET ADDRESS 2611 EAST ATLANTIC BLVD.
CITY-ST-ZIP POMPAÑO BEACH FL 33062

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGRM
BATTOO, NIKOLAI
STREET ADDRESS 10619 W. ATLANTIC BLVD. #118
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE NAME ☐ Change ☐ Addition
200004083912-6-6
-04/27/01--01025--018
*****50.00 *****50.00

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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:

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

Date

3/21/01 (954) 782-0606
Daytime Phone #

CR2E083 (11/00)