

2001 UNIFORM BUSINESS REPORT (UBR)

0001060 AF

DOCUMENT # L99000006286

1. Entity Name
THE THYMES L.L.C.

Principal Place of Business
1344 EUCLID AVE. #3
MIAMI BEACH FL 33139

Mailing Address
1344 EUCLID AVE. #3
MIAMI BEACH FL 33139

FILED
2001 APR 20 AM 11:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

1436 Drexel Ave
Suite, Apt. #, etc.
Miami Beach, FL.
City & State

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

Zip
33139

Country
U.S.A.

Zip

Country

4. FEI Number 65-0950232

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

KOBINGER, JUDITH P
1344 EUCLID AVE. #3
MIAMI BEACH FL 33139

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]*
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
MGRM
FOCUS RESTAURANT GROUP L.L.C.
1344 EUCLID AVE. #3
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100004086011--5
-04/27/01--01083--028
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)