

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008056

1. Entity Name

PARRILLA'S OF DAVIE, L.C.

Principal Place of Business

983 NORTH KNOB HILL ROAD
PLANTATION FL 33324

Mailing Address

983 NORTH KNOB HILL ROAD
PLANTATION FL 33324

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

65-0964173

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

HATCH, IRA C

1701 HIGHWAY A1A, SUITE 220
VERO BEACH FL 32963

Name

WESTON CAPITAL ASSETS, L.C.

Street Address (P.O. Box Number is Not Acceptable)

983 N. NobHill Rd.

City

Plantation

FL

Zip Code

33324

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

WESTON CAPITAL ASSETS, L.C.

05-01-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS MARULANDA, CARLOS
CITY-ST-ZIP 983 N. KNOB HILL RD.
PLANTATION FL 33324 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR ☐ Change ☒ Addition
STREET ADDRESS WESTON CAPITAL ASSETS, L.C.
CITY-ST-ZIP 983 N. NobHill Rd.
Plantation, FL 33324

TITLE NAME MGR ☐ Change ☒ Addition
STREET ADDRESS DAY BREAK CORPORATION
CITY-ST-ZIP 983 N. NobHill Rd.
Plantation, FL 33324

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 3000003299123-1
-06/21/00-01067-014

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP *****50.00 *****50.00

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 REQUIRED Weston Capital Assets L.C. / MGR / 05-01-00 (954) 494-2828

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

Date

Daytime Phone #

CR2E083 (9/99)

FILED

00 JUN 15 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE