

2001 UNIFORM BUSINESS REPORT (UBR)

0032403 SP

DOCUMENT # **L99000008056**

1. Entity Name

PARRILLA'S OF DAVIE, L.C.

FILED

01 APR 26 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

5195 S. University Dr.

Suite, Apt. #, etc.

3. Mailing Address

5195 S. University Dr.

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-0964173

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MAJH

6. Name and Address of Current Registered Agent

WESTON CAPITAL ASSETS, L.C.
983 NORTH KNOB HILL ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Mr. Carlos Ochoa

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

5195 S. University Dr.

City Davie

FL

Zip Code 33328

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

800004212488-5

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*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS WESTON CAPITAL ASSETS, L.C.
CITY-ST-ZIP 983 N. KNOB HILL RD.
PLANTATION FL 33324 ☒ Delete

TITLE NAME MGR
STREET ADDRESS DAY BREAK CORPORATION
CITY-ST-ZIP 983 N. KNOB HILL RD.
PLANTATION FL 33324 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Change ☒ Addition
STREET ADDRESS TORICES CORP
CITY-ST-ZIP 1052 Creekford Drive
Weston, FL 33326

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)