

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008851 AF

DOCUMENT # **L99000008334**

1. Entity Name
PALM BEACH RESTAURANT GROUP, L.C.

00 MAY -6 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
222 LAKEVIEW AVE., STE 800
WEST PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVE., STE 800
WEST PALM BEACH FL 33401-6148



2. Principal Place of Business 19501 NE 10 AVE	3. Mailing Address 19501 NE 10 AVE
Suite, Apt. #, etc. Bay C	Suite, Apt. #, etc. Bay C
City & State N. Miami Beach, FL	City & State N. Miami Beach, FL
Zip 33179	Country U.S.A.

4. FEI Number **65-0965405** 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

JAMES, KEITH A
222 LAKEVIEW AVE., STE 800
WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member James Midei 19501 N.E. 10th Avenue, Bay C N, Miami Beach, Florida 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Lloyd E. Speck 19501 N.E. 10th Avenue, Bay C N, Miami Beach, Florida 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Ronald L. Owens 19501 N.E. 10th Avenue, Bay C N, Miami Beach, Florida 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003273629--1 -06/01/00--0106	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
James Midei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **5-4-00** Daytime Phone # _____

CR2E083 (9/99)