

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90593 046 \*\*\*\*50.00

**DOCUMENT # L99000008334**

1. Entity Name

**PALM BEACH RESTAURANT GROUP, L.C.**

Principal Place of Business  
**19501 NE 10 AVENUE, BAY C**  
**N. MIAMI BEACH FL 33179**

Mailing Address  
**19501 NE 10 AVENUE, BAY C**  
**N. MIAMI BEACH FL 33179**

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 **65-0965405**

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

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
 NAME **MIDEI, JAMES**  
 STREET ADDRESS **19501 N.E. 10TH AVENUE, BAY C**  
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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:

*James Midei*  
**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 27, 2002

PALM BEACH RESTAURANT GROUP, L.C.  
19501 NE 10 AVENUE, BAY C  
N. MIAMI BEACH, FL 33179

SUBJECT: PALM BEACH RESTAURANT GROUP, L.C.  
Ref. Number: L99000008334

Attachment  
0158054

Annual report

Upon receipt of your letter and/or check(s) totaling \$50.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Sr. Corporate Section Administrator

Letter Number: 802A00012074

To: attached is backup document for the check.

Fl. Dept of State

g/owens