

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 10 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000008921

1. Entity Name

DEL SOL GRILLE, L.C.

Principal Place of Business

Del Sol Grill

Mailing Address

964 S. Harbor city Blvd.
Melbourne, FL 32901

2. Principal Place of Business

Del Sol Grill

3. Mailing Address

964 S. Harbor city Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

4. FEI Number

59-3611904

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Frese, NASH, Hansen, PA.
930 S. Harbor city Blvd. Ste. 505
Melbourne, FL 32901

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

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

TITLE ☐ Delete
NAME ~~RAOUL~~ MGRM
STREET ADDRESS Raoul Musquers
CITY-ST-ZIP 927 Brick St
S.E. Palm Bay 22909

TITLE ☐ Delete
NAME ~~SCOTT~~ MGRM
STREET ADDRESS Scott Oakley
CITY-ST-ZIP 4465 Grand meadows Blvd
Melbourne FL 32934

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000003287720--1
CITY-ST-ZIP -06/14/00--01004--004
*****55.00 *****55.00

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Scott Oakley Scott Oakley

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

4/20/00

Date

321-329-9697

Daytime Phone #

CR 13 (1/99)