36101 (954)782-0606 Date Dayliffine Phone #

2001	UNIFORM	I BUSINESS	REPORT	(UBR)
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DOCU 1. Entity Nam	MENT# L99	000008952			·	
CAFE MAXX, L.L.C.				FILED		
Principal Place of Business Mailing Address				2001 APR 20 AMI	2001 APR 20 AM 11: 24	
2601 E. ATLANTIC BLVD. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062			62	DIVISION OF CORPORATIONS TALLAHASSEE FLORIDA		
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State City & Sta		City & State		4. FEI Number 65-0933510	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Cui	rent Registered Agent		7. Name and Address of New Registered	Agent	
		n n e en e	- Name	• • •	-	
	BROEK, DARREL 2611 E ATLANTIC BLVD			Street Address (P.O. Box Number is Not Acceptable)		
	O BEACH FL 33062	,				
			City	Fl	Zip Code	
			W!!! FEE IS \$50.00 able to Department	i i		
9.	MANAGING M	EMBERS/MEMBERS	10.	ADDITIONS/CHANGES	3	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROEK, DARREL 2611 E. ATLANTIC BLVD. POMPANO BEACH FL 3306	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004086 -04/27/01 ******5.00	Change Addition -01093015 *******5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUCY, OLIVER 2611 E. ATLANTIC BLVD. POMPANO BEACH FL 3306	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESPINTO, GIANNI 2611 E. ATLANTIC BLVD.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004086 -04/27/010	. □.Change. □ Addition 3 7 3 7 11033016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH FL 3306 MGRM BATTOO, NIKOLAI 10619 W. ATLANTIC BLVD. CORAL SPRINGS FL 33071	☐ Delete #118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*****50.80	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OUNAL SERINGS FL SSVI.I.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		Change Addition	
11. I hereby o	on this report is true and accurate	d with this filing does not qualify for to and that my signature shall have the rustee empowered to execute this re-	ne same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further ce f made under oath; that I am a managing memb apter 608, Florida Statutes.	rtify that the information er or manager of the	