

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAR 16 PM 2:49

**DOCUMENT #** L99000008955

**1. Entity Name**  
INNOVATIVE RESTAURANTS/EAST CITY GRILLE, L.L.C.

**Principal Place of Business**  
505 N. Ft. Lauderdale Blvd.  
Ft. Lauderdale Fl 33304

**Mailing Address**  
2611 E. Atlantic Blvd.  
Pompano Beach Fl 33062

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number**  
65-0933509

**5. Certificate of Status Desired** ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
Broek, Darrel  
2611 E Atlantic Blvd.  
Pompano Beach Fl 33062

**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** \_\_\_\_\_

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

BLT

**9. MANAGING MEMBERS/MEMBERS**

TITLE	mgrm	<input type="checkbox"/> Delete
NAME	Broek, Darrel	
STREET ADDRESS	2611 E. Atlantic Blvd.	
CITY-ST-ZIP	Pompano Beach Fl 33062	
TITLE	mgrm	<input type="checkbox"/> Delete
NAME	Saucy Oliver	
STREET ADDRESS	2611 E. Atlantic Blvd.	
CITY-ST-ZIP	Pompano Beach Fl 33062	
TITLE	mgrm	<input type="checkbox"/> Delete
NAME	Resinto Gianni	
STREET ADDRESS	2611 E. Atlantic Blvd.	
CITY-ST-ZIP	Pompano Beach Fl 33062	
TITLE	mgrm	<input type="checkbox"/> Delete
NAME	Bathoo Nikolai	
STREET ADDRESS	10619 W. Atlantic Blvd #118	
CITY-ST-ZIP	Coral Springs Fl 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Darrel Broek **3-13-00** **954 782 0606**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER** **Date** **Daytime Phone #**