

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008955

1. Entity Name

INNOVATIVE RESTAURANTS/EAST CITY GRILLE, L.L.C.

Principal Place of Business

505 N. FT. LAUDERDALE BEACH BLVD.
FT. LAUDERDALE FL 33304

Mailing Address

2611 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062

2. Principal Place of Business

2611 E Atlantic Blvd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33062 Broward

Country

4. FEI Number

65-0933509

Applied For

Not Applicable

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

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 NAME MGRM BROEK, DARREL ☐ Delete
STREET ADDRESS 2611 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE NAME MGRM SAUCY, OLIVER ☐ Delete
STREET ADDRESS 2611 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE NAME MGRM RESPINTO, GIANNI ☐ Delete
STREET ADDRESS 2611 E. ATLANTIC BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE NAME MGRM BATTOO, NIKOLAI ☐ Delete
STREET ADDRESS 10619 W. ATLANTIC BLVD. #118
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800004086378-1
CITY-ST-ZIP -04/27/01--01093--017
*****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800004086378-1
CITY-ST-ZIP -04/27/01--01093--017
*****5.00 *****5.00

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

TITLE NAME ☐ Change ☐ Addition
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:

[Signature]

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

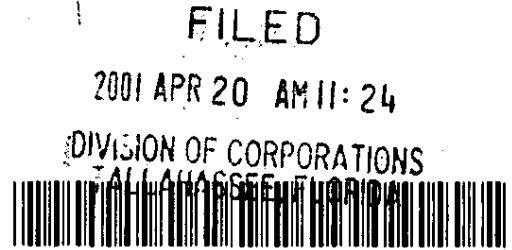
3/21/01 (954) 702-0606

Date

Daytime Phone #

CR2E083 (1/1/00)

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DO NOT WRITE IN THIS SPACE