

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000359

1. Entity Name
FLYING TOMATO RESTAURANTS, LLC

Principal Place of Business
15438 NORTH FLORIDA AVENUE, SUITE 102 200
TAMPA FL 33613

Mailing Address
15438 NORTH FLORIDA AVENUE, SUITE 102
TAMPA FL 33613

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number 52-2218190

Applied For
Not Applicable

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

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.

(NOT) 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	MANAGER	<input type="checkbox"/> Delete
NAME	EDWARD W. MURANSKY	
STREET ADDRESS	15438 N. FLORIDA AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA, FLORIDA 33613	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	CHRISTINE MURANSKY	
STREET ADDRESS	15438 N. FLORIDA AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA, FLORIDA 33613	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	CYNTHIA DEBARTOLO	
STREET ADDRESS	15438 N. FLORIDA AVENUE, SUITE 200	
CITY-ST-ZIP	TAMPA, FLORIDA 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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

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

Date

Daytime Phone #

FILED

01 APR 30 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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