

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90083 030 ****50.00

DOCUMENT # M01000000804

1. Entity Name

RESTAURANT DEPOT ENTERPRISES LLC

Principal Place of Business

**15-24 132ND STREET
 COLLEGE POINT NY 11356-2440**

Mailing Address

**15-24 132ND STREET
 COLLEGE POINT NY 11356-2440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3418991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAX, MICHAEL
 2041 N.W. 12TH AVENUE
 MIAMI FL 33127**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
 NAME **FLEISHMAN, STANLEY**
 STREET ADDRESS **15-24 132ND STREET**
 CITY-ST-ZIP **FLUSHING NY**

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

TITLE **VAT** ☐ Delete
 NAME **KIRSCHNER, RICHARD**
 STREET ADDRESS **15-24 132ND STREET**
 CITY-ST-ZIP **FLUSHING NY**

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

TITLE **VAS** ☒ Delete
 NAME **LEBOWITZ, MORRIS**
 STREET ADDRESS **15-24 132ND STREET**
 CITY-ST-ZIP **FLUSHING NY**

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

TITLE **VT** ☐ Delete
 NAME **EMMERT, BRIAN E**
 STREET ADDRESS **15-24 132ND STREET**
 CITY-ST-ZIP **FLUSHING NY**

TITLE **SECRETARY TREASURER, CFO** ☒ Change ☐ Addition
 NAME **BRIAN E. EMMERT**
 STREET ADDRESS **15-24 132ND ST.**
 CITY-ST-ZIP **COLLEGE POINT NY 11356**

TITLE **V** ☐ Delete
 NAME **PAGER, CLARK**
 STREET ADDRESS **15-24 132ND STREET**
 CITY-ST-ZIP **FLUSHING NY**

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

TITLE **V** ☒ Delete
 NAME **RUBANENKO, SAMUEL**
 STREET ADDRESS **2300 57TH STREET**
 CITY-ST-ZIP **VERNON CA**

TITLE **VICE PRESIDENT, COO** ☐ Change ☒ Addition
 NAME **LAWRENCE COHEN**
 STREET ADDRESS **15-24 132ND ST.**
 CITY-ST-ZIP **COLLEGE POINT, NY 11356**

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

1/15/02

(718) 762-8700

Date

Daytime Phone #

CR2E083 (9/01)