

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M95000000385**

1. Entity Name

TOMMY BAHAMA CAFE EMPORIUM, LLC

FILED

OCT 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
**1071 AVENUE OF THE AMERICAS
NEW YORK NY 10018**Mailing Address
**1071 AVENUE OF THE AMERICAS
NEW YORK NY 10018**

2. Principal Place of Business

1220 3RD ST. SOUTH

3. Mailing Address

1071 6TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NEW YORK, NY

Zip

34102

Country

USA

Zip

10018

Country

USA4. FEI Number **13-3848166**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE. 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	TOMMY BAHAMA R&R HOLDINGS, INC.	
STREET ADDRESS	1071 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10018	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TONY MARSHALLS	<input type="checkbox"/> Delete
NAME	MANAGING MEMBER	
STREET ADDRESS	1071 6TH AVE, 11 FL, NY, NY 10018	
CITY-ST-ZIP		

TITLE	KEN KONG	<input type="checkbox"/> Delete
NAME	MANAGING MEMBER	
STREET ADDRESS	1071 6TH AVE, 11 FL, NY, NY 10018	
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	BRAD GOLDSTEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER	
STREET ADDRESS	1071 6TH AVE, 11 FL, NY, NY 10018	
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		

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:

[Signature]

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

Date

Daytime Phone #

CR2E083 (4/02)