

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006429 AF

DOCUMENT # M99000000868

1. Entity Name
J & N CREATIVE CULINARY CONCEPTS, LLC

00 MAY -3 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~240 W. PALMETTO PARK RD., SUITE 300~~ ~~240 W. PALMETTO PARK RD., SUITE 300~~
~~BOCA RATON FL 33432~~ ~~BOCA RATON FL 33432-3761~~



2. Principal Place of Business 3. Mailing Address
5100 TOWNE CENTRE CIRCLE 5100 TOWNE CENTRE CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 100 SUITE 100

DO NOT WRITE IN THIS SPACE

City & State City & State
BOCA RATON, FL BOCA RATON, FL
4. FEI Number 65-0882050 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required
Zip Country Zip Country
33486 U.S.A. 33486 U.S.A.

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SACHS, PETER S ESQ.
NORTHERN TRUST PLAZA
301 YAMATO RD., SUITE 4150
BOCA RATON FL 33431
Name VICTOR CERRO
Street Address (P.O. Box Number is Not Acceptable)
2600 N. MILITARY TRAIL, STE 230
City BOCA RATON FL Zip Code 33431

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]* VICTOR CERRO 3/15/00
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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAVETZ, JASON 240 W. PALMETTO PARK RD., SUITE 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003269515--2 -05/30/00--01005--021 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRANDA, ROXANNE 2112 NE 63RD ST., CYPRESS CREEK FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT J. LUNGO 5100 TOWNE CENTRE CIRCLE BOCA RATON, FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED ROBERT J. LUNGO 3/15/00 561-417-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)