

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00158

1. Entity Name

THE EMBERS RESTAURANT, L.C.

FILED

01 SEP 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2783 N. ORANGE BLOSSOM
KISSIMMEE FL 34744

Mailing Address

PO BOX 352106
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0161044

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEVERS, JOHN C
2783 N ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name LUISA O. CURIEL, Trustee
Street Address (P.O. Box Number is Not Acceptable)
2790 NW 4 ST
City MIAMI FL Zip Code 33125

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

Luisa O. Curiel
Signature, type or printed name of registered agent, if applicable

Trustee
(NOTE: Registered Agent signature required when reinstating)

8/24/01
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200004612162--8

09/26/01--01036--022

*****55.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COLE, EDWIN H. 14238 COLONIAL GRAND BLVD ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GEVERS, JOHN 2654 SHERLY AVENUE KISSIMMEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LUISA O. CURIEL, TRUSTEE 2790 NW 4 ST MIAMI, FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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

Luisa O. Curiel
Signature, type or printed name of signing managing member, manager, or authorized representative

8/24/01 305-541-3711
Date Daytime Phone #

0009131 AF

CR2E083 (11/00)