

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90843 003 ***150.00

DOCUMENT # L66453

1. Entity Name
LAS VEGAS RESTAURANT II, CORP.

Principal Place of Business

7015 W BROWARD BLVD
 PLANTATION FL 33317

Mailing Address

7015 W BROWARD BLVD
 PLANTATION FL 33317-2208

*1319 N. STATE
 HOLLYWOOD, FL*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0196217**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, IRVING J., ESQ.
6015 GARFIELD STREET
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name **IRVING Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable) **1319 N. STATE Rd 7**
 City **HOLLYWOOD** FL Zip Code **33021**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	VILARINO, ANTONIO	
STREET ADDRESS	7015 W BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	VILARINO, CARMEN	
STREET ADDRESS	5890 SW 76TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VILARINO, NILDA E	
STREET ADDRESS	5870 SW 76TH AVENUE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **5/28/00** Daytime Phone #: **954-981-6777**

CR2E034 (9/99)