

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089793

1. Entity Name
GORDO'S RESTAURANT, INC.

FILED

00 NOV. 13 PM 4:56

Principal Place of Business Mailing Address
1907 W PENSACOLA ST 1907 W PENSACOLA ST
TALLAHASSEE FL 32304 TALLAHASSEE FL 32304
US US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

REINSTATEMENT 2000

4. FEI Number 65-0560570 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, ROBERT
1907 W PENSACOLA ST
TALLAHASSEE FL 32304

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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/13/00
DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VD	☐ Delete
NAME	MORALES, ROBERT	
STREET ADDRESS	514 E 7TH AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	PD	☐ Delete
NAME	AGRAMONTE, EDUARDO A	
STREET ADDRESS	216 W. 47 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	☐ Delete
NAME	AGRAMONTE, ALBERT	
STREET ADDRESS	216 W 47 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 (850) 321-7735
Date Daytime Phone #

CR2E034 (5/00)