## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 05, 2001 8:00 am DOCUMENT # **P94000089793 Secretary of State** 1. Entity Name GORDO'S RESTAURANT, INC. 07-05-2001 90001 017 \*\*\*550.00 Principal Place of Business Mailing Address 1907 W PENSACOLA ST 1907 W PENSACOLA ST 40075633 tallahassee FL 32304 TALLAHASSEE FL 32304 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0560570 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORALES, RÖBERT Street Address (P.O. Box Number is Not Acceptable) 1907 W PENSACOLA ST TALLAHASSEE FL 32304 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PresideNT ☐ Addition TITLE TITLE ☐ Delete ROBERT MOTALES NAME MORALES, ROBERT NAME 1907 W. PENSACOIA ST. STREET ADDRESS STREET ADDRESS **514 E 7TH AVE** THIAHASSEC, F1. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 VICE PICSIDENT ☐ Delete Change TITLE PD TITLE ☐ Addition EDVATOR E. AGRAMONTE NAME AGRAMONTE, EDUARDO A NAME 1907 W. DENSACOIA ST STREET ADDRESS STREET ADDRESS 216 W. 47 ST CITY-ST-ZIP CITY-ST-ZIP TAMAHASSEZ, Fl. HIALEAH FL TITLE SD ☐ Delete TITLE Change Addition NAME AGRAMONTE, ALBERT NAME STREET ADDRESS STREET ADDRESS 216 W 47 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with all other like empowered

changed, or on an attachment

SIGNATURE:

with an address.

321-7735

FILED