2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 21, 2000 8:00 am Secretary of State DOCUMENT # M56255 SERGIO'S RESTAURANT, INC. 01-21-2000 90113 040 \*\*\*158.75 Principal Place of Business Mailing Address 9330 SW 40 ST 9330 SW 40 ST MIAMI FL 33165-4160 MIAMI FL 33165-1160 00007011 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEi Number City & State 59-2838292 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CABRERA BLANCA 9231 SW 70TH ST Deposit ment of S, State \$ 158.75 MIAMI FL 33173 Zip Code 8. The above named entity submits this statement for the purpose of changing its SIGNATURE ATF Signature, typed or printed name of registered agent and title if applicable (NOT **FILE NOW** 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY 1, 2 Tax filing requirement and elects to do so. Added to Fees (See criteria on back) Make Check Paya S AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2F034 (9/99) ☐ Change ☐ Addition ☐ Delete TITLE CABRERA, BLANCA NAME 9231 SW 70TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 Addition Change ☐ Delete TITLE CABRERA, BLANCA STREET ADDRESS 9231 SW 70TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** 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 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 13. I hereby certify that the information supplied with this filling 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. changed, or on an attachment

SIGNATURE: