## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 12 NE 10STREET (33132)

P.O. BOX 01-2674

MIAMI FL 33101-2674

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

TITLE

NAME

TITLE

NAME

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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Name

City

## **DOCUMENT # G13455**

2620 N MIAMI AVE

MIAMI FL 33127

Principal Place of Business

2. Principal Place of Business

VILCHES, TEODORO

**MIAMI FL 33169** 

(See criteria on back)

**PVST** 

MIAMI FL

MIAMI FL

18830 N.W. 5TH AVENUE

9. This corporation is eligible to satisfy its Intangible

VILCHES, TEODORO

18830 NW 5TH AVE

VILCHES, TEODORO

18830 NW 5TH AVE

Tax filing requirement and elects to do so.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11,

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

TITLE

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CITY-ST-ZIP

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

## AMERICAN RESTAURANT APPLIANCE, INC.

Country

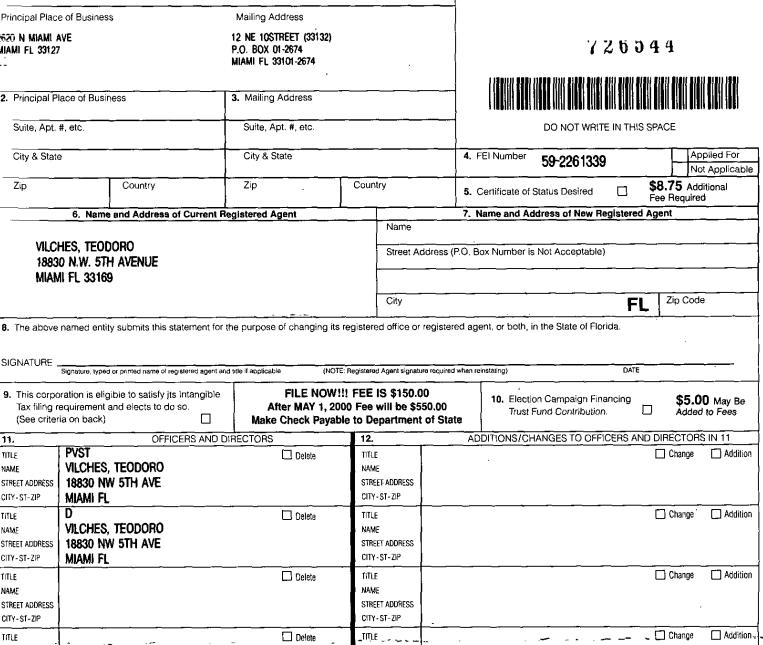
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90232 022 \*\*\*150.00



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 ther like empowered.

SIGNATURE:

台湾のおには AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

☐ Addition