## **2003 FOR PROFIT CORPORATION**

UNIFORM BUSINESS REPORT (UBR)								Apr 04, 2003 8:00 am				
DOCUMENT # M56255  1. Entity Name SERGIO'S RESTAURANT, INC.							Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90067 014 ***158.75					
Principal Plac 9330 SW 40 MIAMI FL 331		9330 8	Mailing Address 9330 SW 40 ST MIAMI FL 33165-1160									
Principal Place of Business     3. Mailing /				ng Address			7		ii <b></b> !! <b>.!!</b> !!		Fil 0/8/4 (00)	
Suite, Apt	. #, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City 8	City & State			. <b>4.</b> FE	FEI Number 59-2838292 Applied I			olied For Applicable	
Zip	-	Country	Zip		Coun	try	<b>-5</b> ,_Ç€	ertificate of Status Desired	\$8.7	5 Addi	tional	
	6. Name	and Address of Curi	rent Registered	l Agent	J		7. Na	me and Address of New Registere	d Agent			
CABRERA BLANCA 9231 SW 70TH ST MIAMI FL 33173						Name Street Address	(P.O. Bo)	Number is Not Acceptable)				
						City FL Zig				o Code		
the obligat	Signayre, typed o	red agent.  reflection of registered agent printed name of registered	Cakes agent and title if applic	v		d Office or regist		9. Election Campaign Financing	24/2	003	May Be	
Make Checi		Florida Departmer						Trust Fund Contribution.		Added	to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CABRERA, 9231 SW 7 MIAMI FL 3	BLANCA 0TH ST	AND DIRECTOR	S □ Delete			ADD	TIONS/CHANGES TO OFFICERS AI	ND DIREC		IN 11 Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	VD CABRERA, 9231 SW 7 MIAMI FL 3	OTH ST		☐ Delete					☐ Ch	ange	Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Cha	ange	Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		i i	-		☐ Cha	ange	☐ Addition	
TITLE				☐ Delete	TITLE				☐ Cha	ange	☐ Addition	

12. 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 at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all exher like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

(305) 552-7318

☐ Change

☐ Addition

CR2E034 (10/02)