

# - 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 528407

1. Entity Name

RESTAURANT PLANNERS INCORPORATED

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90094 011 \*\*\*150.00

Principal Place of Business

425 CAMILO AVE.  
CORAL GABLES FL 33134  
US

Mailing Address

425 CAMILO AVE.  
CORAL GABLES FL 33134-7149  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

550 Le Jeune Road

Suite, Apt. #, etc.

Suite #222

City & State

Miami, - Fl.

Zip

33126

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1722064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSVALDO, NAVARRO CAP PA  
550 N.W. LE JEUNE RD.  
STE. #305  
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite #222

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LOPEZ, MARIA CARMEN**  
STREET ADDRESS **425 CAMILO AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2000 (305) 446-8979  
Date Daytime Phone #

CR2E034 (9/99)