

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 528407

1. Entity Name

RESTAURANT PLANNERS INCORPORATED

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90208 047 ***150.00

Principal Place of Business
425 CAMILO AVE
CORAL GABLES, FL. 33134
US

Mailing Address
550 LE JEUNE ROAD
SUITE 222
MIAMI, FL. 33126

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
782 NW LE JEUNE ROAD
Suite, Apt. #, etc.
SUITE 629
City & State
MIAMI, FL.
Zip
33126-5547

DO NOT WRITE IN THIS SPACE

Country
MIAMI-DADE

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

OSVALDO NAVARRO, CPA, PA
550 NW LE JEUNE ROAD
SUITE 222
MIAMI, FLORIDA 33126-

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
782 NW LE JEUNE ROAD
SUITE 629
City
MIAMI, FL Zip Code
33126-5547

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSS LOPEZ, MARIA CARMEN 425 CAMILO AVE CORAL GABLES, FL. 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M. Lopez*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA CARMEN LOPEZ

4/27/01

(305) 446-8979

Date

Daytime Phone #

CR2E034 (11/00)