

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000525**

1. Entity Name

AURELIO RESTAURANT CONCEPTS, LTD.

FILED

00 MAR 11 PM 12:38

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business % AURELIO RODRIGUEZ 10730 NW 25TH STREET MIAMI FL 33172	Mailing Address % AURELIO RODRIGUEZ 10730 NW 25TH STREET MIAMI FL 33172-2026
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0847019	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RODRIGUEZ, AURELIO
120 SW 26 RD
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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. Capital Contributions as Shown on record. **\$9,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **46,164.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000018698
NAME	ECLECTIC CONCEPTS, INC.
STREET ADDRESS	% 10730 NW 25TH STREET
CITY - ST - ZIP	MIAMI FL 33172
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	ST \$411.90
CITY - ST - ZIP	
STREET ADDRESS	300003203013--9
CITY - ST - ZIP	-04/11/00--01041--006
	****323.14 ****52.99
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Aurelio Rodriguez* **3/9/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #