## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F96000006650 **DOCUMENT #**

1. Entity Name

**SIGNATURE:** 

RUDY'S RESTAURANT GROUP, INC.



## **FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90060 003 \*\*\*150.00

305 593 0770

Daytime Phone #

Principal Place of Business 8685 NW 53RD TERRACE SUITE 201 MIAMI FL 33166 US 2. Principal Place of Business		Mailing Address 8685 NW 53RD TERRACE SUITE 201 MIAMI FL 33166 US 3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	4. FEI Number 88-0210808		oplied For ot Applicable	
Zìp	. Country Zip		Coun	Country —		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BENIHANA INC. 8685 NW 53RD TERRACE				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL  8. The above	e named entity submits this statement f	or the purpose of changing its	registere	City ed office or reg	istered ag	FL. gent, or both, in the State of Florida. I am fa	Zip Cod		
SIGNATURE F	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registere	d Agent signature rec	quired when n	einstating) DATE  9. Election Campaign Financing	\$5 O	<b>0</b> May Be	
Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of					Trust Fund Contribution.	Added	to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, JOEL 8685 NW 53RD TERRACE MIAMI FL	S AND DIRECTORS  Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		ODITIONS/CHANGES TO OFFICERS AND	□ Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Delete YOSHIMOTO, TAKA 8685 NW 53RD TERRACE MIAMI FL		NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURRIS, MICHAEL 8685 NW 53RD TERRACE MIAMI FL	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Garcia, Juan 8685 NW 53RD Terrace Miami Fl			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
<ol> <li>I hereby c indicated of the corp changed,</li> </ol>	certify that the information supplied with on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address	n this filing goes not qualify for strue and accurate and that m wered to execute this report a with all other like empowered.	the exen y signatu is require	nption stated in ure shall have t ed by Chapter	Section 1 he same l 607, Florid	119.07(3)(i), Florida Statutes. I further certi legal effect as if made under oath; that I an da Statutes; and that my name appears in	y that the in an officer of Block 10 or	formation or director Block 11 if	

Outin G. Garcia-Secretary 1/6/03