

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90043 017 ***150.00

DOCUMENT # G13455

1. Entity Name

AMERICAN RESTAURANT APPLIANCE, INC.

Principal Place of Business

**2620 N MIAMI AVE
 MIAMI FL 33127
 US**

Mailing Address

**12 NE 10STREET (33132)
 P.O. BOX 01-2674
 MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2261339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VILCHES, TEODORO
 18830 N.W. 5TH AVENUE
 MIAMI FL 33169**

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. 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, 2002 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	PVST VILCHES, TEODORO	<input type="checkbox"/> Delete
STREET ADDRESS	18830 NW 5TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D VILCHES, TEODORO	<input type="checkbox"/> Delete
STREET ADDRESS	18830 NW 5TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	POST VILCHES TEODORO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10000 SW 8 ST.	
CITY-ST-ZIP	PENBROOK PINES FL 33025	
TITLE NAME	D VILCHES TEODORO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10000 SW 8 ST.	
CITY-ST-ZIP	PENBROOK PINES FL 33025	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

TEODORO VILCHES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 305-5721110

CR2E034 (9/01)