

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M28357

1. Entity Name

ORTEGA RESTAURANT CORP.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90014 005 ***150.00

Principal Place of Business

C/O CARLOS ORTEGA
5628 S.W. 102 AVE.
MIAMI FL 33173

Mailing Address

C/O CARLOS ORTEGA
5628 S.W. 102 AVE.
MIAMI FL 33173-2838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2685498

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ORTEGA, CARLOS
5628 S.W.102 AVE.
MIAMI FL 33173

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, 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

TITLE PD ☐ Delete

NAME ORTEGA, CARLOS
STREET ADDRESS 5628 S.W. 102 AVE.
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete

NAME ORTEGA, MARIA
STREET ADDRESS 5628 S.W. 102 AVE.
CITY-ST-ZIP MIAMI FL

TITLE TS ☐ Delete

NAME ORTEGA JR., CARLOS
STREET ADDRESS 5628 SW 102 AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

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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:

CARLOS ORTEGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000
Date

305-598-4011
Daytime Phone #

CR2E034 (9/99)