

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M51328

1. Entity Name

RANCHOS OF CORAL GABLES RESTAURANT, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90383 010 ***158.75

Principal Place of Business

C/O JUAN WONG, JR.
125 SW 107TH AVE
MIAMI FL 33174

Mailing Address

C/O JUAN WONG, JR.
1401 S.W. 126TH PLACE
MIAMI FL 33184
US

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 **65-0548355**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WONG, JUAN, JR.
1401 SW 126TH PLACE
MIAMI FL 33184

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, 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 PD
NAME SOMOZA, JULIO
STREET ADDRESS 9400 S.W. 103RD STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD
NAME QUANT, ABRAHAM
STREET ADDRESS 2525 S.W. 109TH AVE.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD
NAME SOMOZA, CARLOS L
STREET ADDRESS 9200 SW 102ND ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE S
NAME WONG, JUAN J
STREET ADDRESS 1401 SW 126TH PLACE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)