

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M56255

1. Entity Name

SERGIO'S RESTAURANT, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90113 040 \*\*\*158.75

Principal Place of Business

9330 SW 40 ST  
MIAMI FL 33165-1160

Mailing Address

9330 SW 40 ST  
MIAMI FL 33165-4160

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

59-2838292

Applied For

Not Applicable

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

CABRERA BLANCA  
9231 SW 70TH ST  
MIAMI FL 33173

Name

8. The above named entity submits this statement for the purpose of changing its

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW**  
**After MAY 1, 2000**  
**Make Check Payable**

11. OFFICERS AND DIRECTORS

TITLE PST  
NAME CABRERA, BLANCA  
STREET ADDRESS 9231 SW 70TH ST  
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE VD  
NAME CABRERA, BLANCA  
STREET ADDRESS 9231 SW 70TH ST  
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Department of State*  
*\$11*  
*# 158.75*

00007011



DO NOT WRITE IN THIS SPACE

FL Zip Code

DATE

9 ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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CR20034 (9/99)