

# 2001 UNIFORM BUSINESS REPORT (UBR)

0181894

DOCUMENT # M80107

1. Entity Name

THREE AMIGOS RESTAURANT, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 PM 1:15

Principal Place of Business

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

2. Principal Place of Business

2300 Coral Way

3. Mailing Address

2300 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 200

Suite # 200

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

33145

US

Zip

Country

33145

US

4. FEI Number

65-0255565

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

FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
SUITE 200  
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

AMADA CANTERA LOPEZ, President

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LAZO, RAMON  
STREET ADDRESS 3451 NE 6TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE PD  
NAME LAZO, RAMON ☒ Change ☐ Addition  
STREET ADDRESS 620 NW 39 STREET  
CITY-ST-ZIP OAKLAND PARK, FL 33309

TITLE STD  
NAME CLEMENTE, LEMUS J  
STREET ADDRESS 4151 NW 5TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE STD  
NAME CLEMENTE, LEMUS J ☒ Change ☐ Addition  
STREET ADDRESS 3800 SW 16 STREET  
CITY-ST-ZIP FT LAUDERDALE, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

RAMON LAZO

Date

Daytime Phone #

CR2E034 (10/00)