

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M80107**

1. Entity Name
THREE AMIGOS RESTAURANT, INC.

FILED

02 APR 19 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.
Suite # 200**

3. Mailing Address

**2300 Coral Way
Suite, Apt. #, etc.
Suite # 200**

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0255565**

Applied For
Not Applicable

Zip
33145

Country
US

Zip
33145

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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  **AMADA CANTERA LOPEZ, President** **3/28/02**
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 **PD** ☐ Delete
NAME **LAZO, RAMON**
STREET ADDRESS **620 NW 39 STREET**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **STD** ☐ Delete
NAME **CLEMENTE, LEMUS J**
STREET ADDRESS **3800 SW 16 STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
100005315341--6
-04/22/02--01120--027
******150.00 ****150.00**

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

TITLE ☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE:  **RAMON LAZO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)