

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005858

1. Entity Name

DOGGIES RESTAURANT, INC.

NIC
FD 8/8/01
mhm

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90037 029 ***150.00

769922

Principal Place of Business

Mailing Address

14657 SW 42nd St.
Miami FL 33175

14657 SW 42nd St.
Miami FL, 33175.

2. Principal Place of Business

14657 SW 42nd St.

Suite, Apt. #, etc.

3. Mailing Address

14657 SW 42nd St.

Suite, Apt. #, etc.

City & State

miami FL.

City & State

miami FL.

4. FEI Number

65-0977491

Applied For

Not Applicable

Zip

33175

Country

USA

Zip

33175

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wightman, EDUARDO
9661 SW 163rd Ave.
Miami FL 33196

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD.	<input type="checkbox"/> Delete
NAME	WIGHTMAN EDUARDO	
STREET ADDRESS	9661 SW 163 Ave	
CITY-ST-ZIP	miami FL 33196	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AFANADOR, ROBINSON	
STREET ADDRESS	14657 SW 42 ST.	
CITY-ST-ZIP	miami FL 33175	
TITLE	SD.	<input type="checkbox"/> Delete
NAME	QUIGANO, CLIMACO	
STREET ADDRESS	14657 SW 42 St.	
CITY-ST-ZIP	miami FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

04-28-01. 3054801081

Date

Daytime Phone #

CR2E034 (11/00)