

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011249

1. Entity Name

RESTAURANT RCC CONCEPTS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90123 045 ***150.00

0275421

Principal Place of Business 2993 EAST MERION WESTON FL 33332		Mailing Address 2993 EAST MERION WESTON FL 33332	
2. Principal Place of Business P.O. Box 266 406 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 266 406 Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State Weston, Florida		City & State Weston, Florida		4. FEI Number 65-0978300		Applied For Not Applicable	
Zip 33326		Country USA		Zip 33326		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent LEDER, NATHAN I 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 Ricardo Perez DATE April 24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RICARDO 2993 EAST MERION WESTON FL 33332	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ricardo Perez DATE April 24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)