

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90033 050 \*\*\*150.00

**DOCUMENT # P00000048711**

1. Entity Name

**BRASERO RESTAURANTS INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**12711 W.SUNRISE BLVD.  
SUNRISE FL 33323****12711 W.SUNRISE BLVD.  
SUNRISE FL 33323**

2. Principal Place of Business

**1799 BELL TOWER LANE**

3. Mailing Address

**1730 MAIN STREET SUITE 228**

Suite, Apt. #, etc.

**WESTON, FLORIDA**

Suite, Apt. #, etc.

**WESTON, FLORIDA**

City &amp; State

**33327 USA**

City &amp; State

**33327 USA**

Zip

Country

Zip

Country

4. FEI Number

**58-2586429**

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

**LEVINE & SEGAL, P.A.  
SUITE A-106  
4300 N. UNIVERSITY DRIVE  
FORT LAUDERDALE FL 33351**Name **MARIA TERESA ALVAREZ**

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

**566 STONEMONT DR****WESTON****FLORIDA****33326**

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

**03/22/01**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** ☐ Delete  
NAME **ALVAREZ, CARLOS**  
STREET ADDRESS **12711 W.SUNRISE BLVD.**  
CITY-ST-ZIP **SUNRISE FL 33323**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/22/01**

CR2E034 (10/00)