

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90005 044 ***158.75

DOCUMENT # P00000070727

1. Entity Name

EL CHARRITO OF HOMESTEAD, INC.

Principal Place of Business

**1621 N.E. 8TH STREET
 HOMESTEAD FL 33030**

Mailing Address

**1621 N.E. 8TH STREET
 HOMESTEAD FL 33030**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1031563**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAS, MONINDRA C
 1621 N.E. 8TH STREET
 HOMESTEAD FL 33030**

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PTD** ☐ Delete
 NAME **DAS, MONINDRA C**
 STREET ADDRESS **1757 S. CURLEW LANE**
 CITY-ST-ZIP **HOMESTEAD FL 33035**
11150 SW 196TH ST.
APT-D-410 MIAMI, FL

TITLE **S** ☐ Delete
 NAME **AKHTERUZZAMAN, MD**
 STREET ADDRESS **1757 S. CURLEW LANE**
 CITY-ST-ZIP **HOMESTEAD FL 33035**
11150 SW 196TH ST
APT-D-410 MIAMI
FL 33177

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

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(MONINDRA C. DAS) 7/19/01 305-978-1893

0028453 AV

CR2E034 (5/01)

Attachment
#P00000510787
A00 11857

DATE 7/9/01

TO WHOM IT MAY CONCERN.

I, MONINDRA DAS PRESIDENT OF
EL CHARRITO OF HOMESTEAD, INC. NEVER
RECEIVED THE UBR FORM. THAT'S
WHY I AM LATE. PLEASE ACCEPT
MY DELAY.

SINCERELY,
MONINDRA C. DAS
EL CHARRITO OF HOMESTEAD, INC.