

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072659

1. Entity Name

LAS TRES AMERICAS RESTAURANT, INC.

Principal Place of Business

7874 NW 52ND STREET
MIAMI FL 33166

Mailing Address

7874 NW 52ND STREET
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1029285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACCA, ORLANDO
7874 NW 52ND STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

FERNANDO SILVA

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

9900 STIRLING ROAD SUITE 211

City

COOPER CITY

FL

Zip Code

33024

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

1/8/02

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	<input checked="" type="checkbox"/> Delete
NAME	BACCA, ORLANDO	
STREET ADDRESS	7874 NW 52ND STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BACCA, ORLANDO	
STREET ADDRESS	5841 SW 13TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BACCO, OMAR	
STREET ADDRESS	5841 SW 13TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANO, GIUSEPPE	
STREET ADDRESS	7874 NW 52 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERFETTI, JOR MARY	
STREET ADDRESS	7874 NW 52 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

1/8/02

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-24-2002 90156 001 ***300.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)