

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90167 045 ***150.00

DOCUMENT # P00000075029

1. Entity Name
LOS TRONCOS RESTAURANT INCORPORATED

Principal Place of Business

**18474 N.W. 67TH AVENUE
 MIAMI FL 33015**

Mailing Address

**18474 N.W. 67TH AVENUE
 MIAMI FL 33015**

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 **65-1032348**

Applied For

Not Applicable

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

**CARLETTI, EMMA M
 18474 N.W. 67TH AVENUE
 MIAMI FL 33015**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☐ Delete
 NAME **CARLETTI, EMMA M**
 STREET ADDRESS **18474 N.W. 67TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33015**

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

TITLE ☐ Delete
 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 indicated on this report or supplemental report is true and accurate and that my signature shall have 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 119.07(3)(i), 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/02 (305) 826-4988

CR2E034 (4/02)

Attachment
Doc. # P00000075029
B0131055

Miami, Florida
July 16, 2002

To: Division of Corporations

From: Los Troncos Restaurant Incorporated
P00000075029

Re: 2002 Uniform Business Report

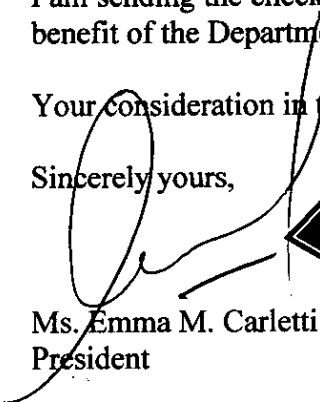
Just last week my company received the 2002 Uniform Business Report and to my surprise I noticed that the dateline for payment was past and the renewal fee is now ~~\$550.00~~. Please understand that this delay is not my fault but for an unknown reason this form was received very late. I'll appreciate if your office take this matter into consideration since it is very difficult for our company to pay the higher fee due to the economic situation that we are going through since last September.

We barely made ends meet and cover the payment of our taxes.

I am sending the check in the amount of \$150.00, hoping this matter can be resolve to the benefit of the Department and our company.

Your consideration in this matter will be greatly appreciated.

Sincerely yours,


Ms. Emma M. Carletti
President



Cc: Form and check enclosed.