

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078296

1. Entity Name
LA ROMANITA PIZZERIA & RESTAURANT, INC.

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90009 043 ***150.00

Principal Place of Business
11831 S.W. 206 TERRACE
MIAMI FL 33177

Mailing Address
11831 S.W. 206 TERRACE
MIAMI FL 33177

2. Principal Place of Business
11364 SW 20th / Roost Dr.
Suite, Apt. #, etc.

3. Mailing Address
11831 SW 206 Terr
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33157

Country

City & State
Miami FL
Zip
33177

Country

4. FEI Number
65-103 9623

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFARO, PEDRO H
11831 S.W. 206 TERRACE
MIAMI FL 33177

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!
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

TITLE P
NAME ALFARO, PEDRO H
STREET ADDRESS 11831 S.W. 206 TERRACE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE S
NAME ALFARO Blanca
STREET ADDRESS 11831 SW 206 Terr
CITY-ST-ZIP Miami FL 33177 ☐ Delete

TITLE T
NAME ALFARO Blanca
STREET ADDRESS 11831 SW 206 Terr
CITY-ST-ZIP Miami FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 is 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 - R DIRECTOR

1/25/01 (305) 278-7138
Day Daytime Phone #

CR2E034 (10/00)