

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094517

1. Entity Name
L'ENTRECOTE DE WESTON, INC.

Principal Place of Business
SUNSET OFFICE PARK
9370 SUNSET DR. STE A-100
MIAMI FL 33173

Mailing Address
SUNSET OFFICE PARK
9370 SUNSET DR. STE A-100
MIAMI FL 33173

2. Principal Place of Business
MILLENNIUM PLAZA @ WESTON

3. Mailing Address
2222 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
2800 WESTON ROAD

Suite, Apt. #, etc.
302

City & State
WESTON, FLORIDA

City & State
CORAL GABLES, FL 33134

Zip
33331

Country
USA

Zip
33134

Country
USA

4. FEI Number
65-1089014

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

PONS, MARTIN E
SUNSET OFFICE PARK
9370 SUNSET DR. STE A-100
MIAMI FL 33173

Name
FRANCISCO PARDO

Street Address (P.O. Box Number is Not Acceptable)
2222 PONCE DE LEON BLVD, #302

City
CORAL GABLES, FL Zip Code
33134

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PONS, MARTIN E
9370 SUNSET DR, STE A-100
MIAMI FL 33173 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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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
P
FRANCISCO PARDO
2222 PONCE DE LEON BLVD., #302
CORAL GABLES, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PAUL JAMES
2222 PONCE DE LEON BLVD, #302
CORAL GABLES, FL 33134 ☐ 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
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 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 or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90175 010 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)