

AMENDED **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC -3 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109273

1. Entity Name

GRILL N' CHOP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

30394 Old Dixie Highway

3. Mailing Address

30394 Old Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Homestead, FL

City & State

Homestead, FL

4. FEI Number

65-1057685

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

33030

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS AGUIRRE

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

17320 SW 296 Street

City

Homestead

FL

Zip 33030

**DO NOT WRITE
IN THIS SPACE**

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]

11/14/02

Signature of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25

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 President/Director
NAME LUIS AGUIRRE
STREET ADDRESS 17320 SW 296 Street
CITY-ST-ZIP Homestead, Florida 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer/Director
NAME YOLANDA AGUIRRE
STREET ADDRESS 17320 SW 296 Street
CITY-ST-ZIP Homestead, Florida 33030

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IN THIS SPACE**

[Signature]

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02

(305) 246-3743

Date

Daytime Phone #

CR2E034B (12/01)