

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000004905**

1. Entity Name

**UNLIMITED GRILL, INC.**

Principal Place of Business

**3612 ALCANTARA AVENUE  
MIAMI FL 33178**

Mailing Address

**3612 ALCANTARA AVENUE  
MIAMI FL 33178**

Principal Place of Business

**10785 NW 41ST STREET  
MIAMI**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Flat**

City & State

Zip **33178**

Country **US**

Zip

Country

4. FEI Number

**65-1067259**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**ESPINOSA, DANIEL  
3612 ALCANTARA AVENUE  
MIAMI FL 33178**

## 7. Name and Address of New Registered Agent

Name

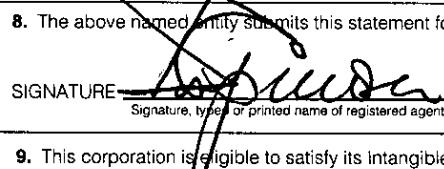
Street Address (P.O. Box Number is Not Acceptable)

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 **4/22/02**

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

**DP  
ESPINOSA, DANIEL  
3612 ALCANTARA AVENUE  
MIAMI FL 33178**

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**DV  
LEON, MANUEL  
3612 ALCANTARA AVENUE  
MIAMI FL 33178**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

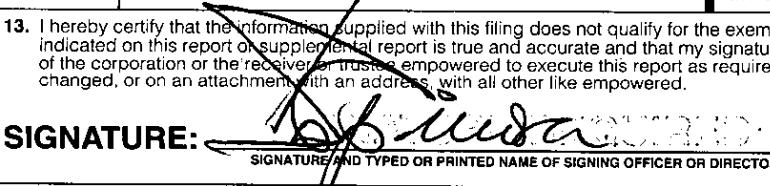
**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Delete

**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 all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90178 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)