2002 UNIFORM BUSINESS REPORT (UBR)		
DOCUMENT # 1. Entity Name	P01000011558	c pro
THE CHICK-N-GRILL D	•	
Principal Place of Business	Mailing Address	
13540 S.W. 196TH ST. MIAMI FL 33155	13540 S.W. 196TH ST. Miami FL 33155	

2. Principal Place of Business 3. Mailing Address 7803 S.W. 139th Court 7803 S.W. 139th Court Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Miami, Florida Florida Miami,

Zip

33183

65-107447 5. Certificate of Status Desired

RIOS, WILLIAM R 13540 S.W. 196TH ST. **MIAMI FL 33155**

Zip

33183

Name

City Miami 8. The above named entity subgits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATUE ent and title if applicable

Tax filing requirement and elects to do so.

(See criteria on back)

Country

6. Name and Address of Current Registered Agent

e9.-This:corporation:is:eligible:to.satisfy:its:Intangible: FILE-NOWI!!-FEE-IS-\$150;00-

After May 1, 2002 Fee will be \$550.00

Country

Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE P/D NAME RIOS, WILLIAM R NAME IGLESIAS, ROBERTO STREET ADDRESS 13540 S.W. 196TH ST. STREET ADDRESS 7803 S.W. 139th Court CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP <u>Miami, Florida</u> TITLE VD ☐ Delete TITLE NAME PINEDA, FIDEL NAME STREET ADDRESS 11941 S.W. 3RD ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME IGLESIAS, ZOE 7803 S.W. 139th Court NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Florida TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 have ged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sup indicated on this report or suppler of the corporation of the receiver changed, or on an attac

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

4/24/02

(305) 373-7855

Daytime Phone #