

FILED
May 24, 2002 8:00 am
Secretary of State

04-08-2002 90222 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077936

1. Entity Name

CONGAS NIGHT CLUB AND RESTAURANT INC.

Principal Place of Business

2537 GOLFVIEW DR.
WESTON FL 33327

Mailing Address

2537 GOLFVIEW DR.
WESTON FL 33327

2. Principal Place of Business

2079 N. University Dr

3. Mailing Address

2537 Golf View Dr

Suite, Apt. #, etc.

Sunrise, FL 33322

Suite, Apt. #, etc.

Weston FL

City & State

Weston FL

Zip

33322

Country

U.S.A.

Zip

33327

Country

U.S.A.

4. FEI Number

651128323

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

GONZALEZ, NESTOR ALFONSO

2537 GOLFVIEW DR.
WESTON FL 33327

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

1. 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

TITLE PD
NAME GONZALEZ, NESTOR ALFONSO
STREET ADDRESS 2537 GOLFVIEW DR.
CITY-ST-ZIP WESTON FL 33327

☐ Delete

TITLE VPD
NAME PARDO, LUZ BETTY
STREET ADDRESS 2537 GOLFVIEW DR.
CITY-ST-ZIP WESTON FL 33327

☐ Delete

TITLE D
NAME ORELLANA, LUIS MARIO
STREET ADDRESS 6910 NW 82 ST.
CITY-ST-ZIP TAMARAC FL 33321

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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

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☐ 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)