2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2537 GOLFVIEW DR.

WESTON FL 33327

3. Mailing Address

City & State

Suite, Apt. #, etc.

P01000077936 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2079 N UNIVERSITY DR

Suite, Apt. #, etc.

City & State

SUNRISE FL 33322

CONGAS NIGHT CLUB AND RESTAURANT INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90206 049 ***150.00

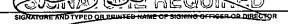
7001040A

☐ CHECK HERE IF MAKING CHA	NG <u>E</u> S							
FEI Number 65-1128323	Applied For Not Applicable							
Certificate of Status Desired \$8.75 Additional Fee Required								
Name and Address of New Registered Agent								
								
Box Number is Not Acceptable)								
	ip Code							
gent, or both, in the State of Florida. I am familia	ar with, and accept							
reinstating) DATE								
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees							
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
	Change 🔲 Addition							

Zip		Country	Zip		Country		5. (Certificate of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current	Registere	d Agent	<u> </u>		7. 1	Name and Address of New R	egistered	Agent	
						Name					
GONZALEZ, NESTOR ALFONSO						Count Address (DO Pau Number is Net Assessable)					
2537 GOLFVIEW DR.					Street Address (P.O. Box Number is Not Acceptable)						
WESTON									•		
MESTON	FL 33321					0.7				Zip Code	
						City			FL	- Zip Code	,
	named entit ions of regist		or the purpo	ose of changing its	registere	ed office or regist	ered ag	ent, or both, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOT	E: Registere	d Agent signature requi	red when re	einstating)	DATE		
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State					9. Election Campaign Fin Trust Fund Contribution	n. [☐ Added	May Be to Fees
10.		OFFICERS AND	DIRECTO	RS	11.		ΑE	ODITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD			☐ Delete	TITL					Change	Addition
NAME		Z, NESTOR ALFONSO			NAM						
STREET ADDRESS		FVIEW DR.			4	ET ADDRESS					
CITY-ST-ZIP	WESTON	FL 3332/			GHY	-ST-ZIP					
TITLE	VPD			☐ Delete	TITLI					☐ Change	Addition
NAME		UZ BETTY			NAM	-					
STREET ADDRESS		FVIEW DR.				ET ADDRESS - ST-ZIP					
CITY-ST-ZIP	WESTON	FL 33327								[] (hanna	
JIJLE			 	Delete	<u> </u>		<u> </u>			Change	Addition_
NAMÉ					NAM	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
					-					Change	Addition
TITLE				☐ Delete	TITU NAM					☐ Ollange	Addition
NAME						FT ADDRESS					
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
	1	· · · · · · · · · · · · · · · · · · ·				· -				☐ Change	Addition
TITLE				☐ Delete	TITU					C Oriented	
NAME						ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
·	!	.,	-	☐ Defete	TITLE					☐ Change	Addition
TITLE NAME				∟ Delete	NAM						
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
	aartifu that th	no information cumplied with	h thie filing	does not qualify fo	or the eve	motion stated in	Section	119.07(3)(i), Florida Statutes.	I further ce	rtify that the in	nformation
indicator	l oo thio ranc	et or cuppiamontal report i	e true and	accurate and that	my siana	ture shall have th	ie same	legal effect as if made under itida Statutes. ida Statutes; and that my nam	Daur, uracı	ani an once	or unector

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

SIGNATURE:



Daytime Phone #