

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

2002

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-02-2002 90114 001 ***150.00

DOCUMENT # **P01000089035**

1. Entity Name

JJR Mexican Grill, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1441 So. Congress Ave.

Suite, Apt. #, etc.

3. Mailing Address

23 Dogwood Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Bch, FL

City & State

Boynton Bch., FL

4. FEI Number

65-1137796

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33436

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Joaquin Felipe

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

23 Dogwood Circle

City

Boynton Beach

FL

Zip Code

33436

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-17-02

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 NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Felipe, Joaquin
23 Dogwood Circle
Boynton Beach, FL 33436

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)