


FILED
Feb 21, 2003 8:00 am
Secretary of State

02-04-2003 90106 007 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

2/

DOCUMENT # P0100011793			
1. Entity Name RESTAURANT CORPORATION OF AMERICA, INC.			
Principal Place of Business 1575 N.W. 14TH STREET MIAMI FL 33125		Mailing Address 1575 N.W. 14TH STREET MIAMI FL 33125	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1068871		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AABA, AARON 1575 N.W. 14TH STREET MIAMI FL 33125		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AABA, AARON 1575 N.W. 14TH STREET MIAMI FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  **2-18-03 305-321-7777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

88009181

013773

BOD CD-SB



Department of the Treasury
Internal Revenue Service

PO100011793

NUMBER OF THIS NOTICE: CP-515
DATE OF THIS NOTICE: 02-05-2001
TAXPAYER IDENT. NUM: 65-1008871
TAX FORM: 1120 200110
TAX PERIOD: 12-31-1999

RESTAURANT CORPORATION OF AMERICA
1704 NW 7TH ST
MIAMI FL 33125-3502042

"Information About Your Return"

PLEASE COMPLETE AS NECESSARY AND RETURN THIS ENTIRE PAGE

A. If you are not required to file, please complete this section:

- I had no employees during the tax period shown on this notice.
- I do not expect to pay taxable wages in the future.
- I expect to pay taxable wages after _____ (date).
- My business was closed on _____ (date).
- None of the above. My explanation is shown on the bottom and/or back of this page.

A. FORM 1120 or 1065

If you are not required to file, please complete all sections that may apply to you:

- My business was closed on _____ (date), which was before the beginning of the tax period shown on this letter.
- My corporation/partnership was inactive/dormant during the tax period shown on this notice.
- I filed a consolidated return with _____ Employer Identification Number (EIN) _____ (Please attach Form 851, Affiliation Schedule)
- None of the above. My explanation is shown on the bottom and/or back of this page.

Please include your telephone number(s), with your area code and the best time to call you.

TELEPHONE NUMBER (305) 986-2222 HOURS ANYTIME
TELEPHONE NUMBER () HOURS

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information provided on this form is true, correct, and complete.


Signature

3-3-201
Date