2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

5141 NW 114 CT

MIAMI FL 33178

P01000115887 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SIGNATURE:

5770 NW 72ND AVE.

MIAMI FL 33166

CHEROKEE STEAKHOUSE, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90206 012 ***150.00

ないしょういり



, Principal Plac	ce of Business	3. Mailin	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
		City & State			4. FE	4. FEI Number 65-1159006		oplied For ot Applicable	
City & State					\$8.75 Additional				
Zip	Country	Zip			1	ame and Address of New Registere	Fee Require	30	
	6. Name and Address of Current	Registered	d Agent	Name	7. N	ame and Address of New Tregistore			
RUIZ, ALBERTO J				Street Address (P.O. Box Number is Not Acceptable)					
5770 NW 7	2ND AVE.		•			 _			
MIAMI FL 3	3166			City		F	Zip Co	de	
								n, and accept	
8. The above	named entity submits this statement f	or the purp	ose of changing its	registered office or	registered age	ent, or both, in the State of Florida. I a			
the obligation	ons of registered agent.								
SIGNATURE -		d tille if opp	linable (NOT	E: Registered Agent signatu	re required when re	ainstating) DAT	IE.		
	Signature, typed or printed name of registered ager	JI and life ii app	incadio.			T	¢5	. 00 May Be	
FI	ILE NOW!!! FEE IS \$150.00					Election Campaign Financing Trust Fund Contribution.		led to Fees	
After	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State					AND DIRECTO	199 IN 11	
	OFFICERS AN	D DIRECTO	DRS	11.	AC	DDITIONS/CHANGES TO OFFICERS	Change	e Addition	
10	PD		☐ Delete	TITLE			☐ Change	,	
	RUIZ, ALBERTO			NAME					
STREET ADDRESS	5770 NW 72ND AVE.			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	MIAMI FL 33166				 -		☐ Chang	ge 🗌 Addition	
TITLE	VPD		☐ Delete	TITLE NAME		•••			
NAME	RUIZ, ANGELA A			STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP		- 			
CITY-ST-ZIP	MIAMI FL 33166		- Delete		500	728 A TO 117	Chang	geAdditio	
~ TITLE				NAME	CAP.	2105 A . TZ U12			
NAME				STREET ADDRESS	900	5 NW 523T	7		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	Done	<u> 1 , FL : 33178</u>	<u>></u> ☐ Chan	nge [] Additio	
			☐ Delete	TITLE	1			go	
TITLE NAME				NAME	1				
STREET ADDRESS	3			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP	 		Chan	nge 🗌 Additi	
TITLE			☐ Delete	TITLE					
NAME				NAME STREET ADDRESS	.				
STREET ADDRESS	s			CITY-ST-ZIP	` 				
CITY-ST-ZIP				TITLE	 		☐ Char	nge 🔲 Additi	
TITLE			☐ Delete	NAME					
NAME				STREET ADDRESS	s	-			
STREET ADDRES	SS			CITY-ST-ZIP				the Information	
CITY-ST-ZIP		with this fili	ing does not qualify	for the exemption s	tated in Section	on 119.07(3)(i), Florida Statutes. I furth ne legal effect as if made under oath; llorida Statutes, and that my name app	ner certify that that I am an of	the intormation fficer or directo	
12. I hereb indicate of the contange	by certify that the information supplied led on this report or supplemental rep corporation or the receiver or trustee of ed, or on an attachment with an addre	ort is true a empowered ess with all	nd accurate and the to execute this rep other like empower	at my signature shal ort as required by C red.	I have the san hapter 607, F	on 119.07(3)(i), Florida Statutes. I furth ne legal effect as if made under oath; lorida Statutes; and that my name app	pears in Block	10 or Block 11	