

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90101 039 ***150.00

0000354
 AV

DOCUMENT # P01000118627

1. Entity Name
LIONFOX, INCORPORATED

Principal Place of Business

**1111 PONCE DE LEON
 CORAL GABLES FL 33134**

Mailing Address

**185 S.E. 14TH TERRACE
 2104
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 Ponce de Leon Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MYLOS RESTAURANT

City & State

CORAL GABLES, FL

City & State

4. FEI Number

EIN 01-0574981

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, ANTONINO G

**450 W FLAGLER STREET - 3300 Ponce de Leon Blvd
 2701
 MIAMI FL 33130
 Coral Gables, Fla.
 33134**

Name

Antonino Hernandez

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

3300 Ponce de Leon

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

(NOTE: Registered Agent signature required when reinstating)

5/15/02
 DATE

**9. This corporation is eligible to satisfy its Intangible
 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 **P** ☐ Delete
NAME **GRILLAS, ANGELO**
STREET ADDRESS **185 14 TH TERRACE APT 2104**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **V** ☐ Delete
NAME **GRILLAS, CONSTANTINOS**
STREET ADDRESS **185 S.E. 14TH TERRACE APT 2104**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02
 Date

305 461 0403
 Daytime Phone #

CR2E034 (9/01)