

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90184 046 ***150.00

DOCUMENT # P02000001816

1. Entity Name
GAUCHO RODIZIO, INC.



Principal Place of Business
831 WHISPERWOOD TRAIL
FENTON MI 48430-2200
4060 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064

Mailing Address
831 WHISPERWOOD TRAIL
FENTON MI 48430-2200
4060 N. FEDERAL HWY
LIGHTHOUSE POINT FL 33064

30010003



2. Principal Place of Business
4060 N. FEDERAL HWY

3. Mailing Address
4060 N. FEDERAL HWY

☐ CHECK HERE IF MAKING CHANGES

City & State
LIGHTHOUSE POINT

City & State
LIGHTHOUSE POINT

Zip
33064

Country
USA

Zip
33064

Country
USA

4. FEI Number
* 04-3599282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
533 E. SAMPLE ROAD

City
DORMANO BEACH

FL

Zip Code
33064

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

PAES.

01/16/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMIRNOW, VICTOR 831 WHISPERWOOD TRAIL FENTON MI 48430-2200 3100 NE 48 CT #108 LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANATRA, JAYANT K 34312 LAKE HURST DR. FARMINGTON HILLS MI 48331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIELKE, WILLIAM 11411 OREGON CIR. FENTON MI 48430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITON, OLAVO RUA CELESTINO GONCALVES BUENO N 120 CASA 3 CEP 03732-080 SAO PAUL, BRAZ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRATTA, MILTON RUA GUAPORE N 135, CEP 09560 SAO CACTANO DO SUL SP, BRAZIL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTOVANI, WANDERLEY RUA MARIO AUGUSTO DO CARMO N 515 APT 61 JARDIM AVELINO, CEP 03732-07	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEDEFF, ARI JOSE AV. MARCOS S. VICENTE N 1215 S. PAULO, BRAZIL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PURGLY R EMIL TIERGARTENSTRASSE 42 D-47800 KREFELD GERMANY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBB, G. BARBARA 477 SAILFISH CAVE SATELITE BEACH, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 *VICTOR SMIRNOW* *1.16.03* *(954) 946-1690*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)