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

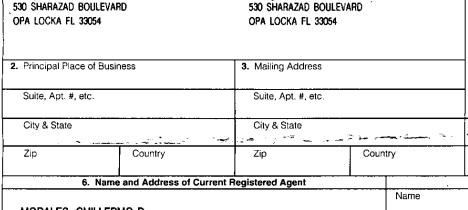
P02000011069



Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90055 047 ***150.00

ORY RESTAURANT, INC.	J2000011003	
cipal Place of Business	Mailing Address	-



Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

☐ CHECK HERE IF MAKING CHANGES

MORALES, GUILLERMO R 530 SHARAZAD BOULEVARD OPA LOCKA FL 33054

SIGNATURE

	7. Name and Address of New Registered Agent			
	Name			
	1			
	Street Address (P.O. Box Number is Not Acceptable)			
				_
			,	
	City	FI	Zip Code	
	·			_
ite registers	ad office or registered agent, or both, in the State of Florida.	Lam fan	riliar with and accent	

4. FEI Number

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 Florid	 a. I am familiar with, and accept
~	the obligations of registered agent.		

(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

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Change ☐ Addition MORALES, GUILLERMO R NAME NAME 530 SHARAZAD BOULEVARD STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TITLE TITLE ☐ Addition ☐ Change ARVIZU, FLORA D NAME NAME STREET ADDRESS 4422 NW 185 STREET STREET ADDRESS MIAMI*FL*33055 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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

SIGNATURE