

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90433 017 \*\*\*150.00

**DOCUMENT #**

P02000059466

1. Entity Name

PONCE RESTAURANTS, INC.



**DO NOT WRITE IN THIS SPACE**

80088631

2. Principal Place of Business

25 S.E. 2ND Ave.

3. Mailing Address

25 S.E. 2ND Ave.

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 900

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

22-3858633

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MURAI WALD BIONDO & MORENO, P.A.

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

25 S.E. 2ND Ave.

Suite 900

City

Miami,

**FL**

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Jose Ortiz  
c/o Murai Wald Biondo & Moreno P.A.  
25 S.E. 2nd Ave., #900, Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Rene V. Murai  
25 S.E. 2nd Ave, Suite 900  
Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene V. Murai

4/9/03

Date

(305) 358-5900

Daytime Phone #

CR2E034B (12/02)