

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 045 ***150.00

DOCUMENT # P02000087327

1. Entity Name

U.W.L. RESTAURANT CORP.



DO NOT WRITE IN THIS SPACE

11038806

2. Principal Place of Business
13990 WEST DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address
1800 NE 114 STREET

Suite, Apt. #, etc.
SUITE #1108

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI

City & State
NORTH MIAMI

4. FEI Number 82-0558350

Applied For
Not Applicable

Zip
33161

Country
DADE

Zip
33181

Country
DADE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIA EUGENIA RODRIGUEZ

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

1800 NE 114 STREE SUITE #811

City NORTH MIAMI

FL

Zip Code
33181

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

M. E. Rodriguez

Signature, typed or printed name of registered agent (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 P
NAME MARIA ANGELICA RODRIGUEZ
STREET ADDRESS 1800 NE 114 STREE SUITE#1108
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME BEATRIZ RODRIGUEZ
STREET ADDRESS 1800 NE 114 STREET SUITE#1108
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MARIA EUGENIA RODRIGUEZ
STREET ADDRESS 1800 NE 114 STREET SUITE#811
CITY-ST-ZIP

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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

4/30/03 780-5864308

Date

Daytime Phone #

CR2E034B (12/02)