FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90212 026 ***150.00

DOCUMENT # P12864

1. Entity Name

EL TORITO RESTAURANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4001 Via Oro Ave., Suite 200	Suite, Apt. #, etc.: 4001 Via Oro Ave., Ste.200
City & State: Long Beach, CA 90810	City & State: Long Beach, CA 90810
Zip: 90810 Country: USA	Zip: 90810 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 33-0197059 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President / Director / CEO
NAME	Wolfe, Frederick
STREET ADDRESS	4001 Via Oro Ave., Ste 200
CITY-ST-ZIP	Long Beach, CA 90810
TITLE	Exec. Vice President
NAME	Rink, Charles
STREET ADDRESS	4001 Via Oro Ave., Ste. 200
CITY-ST-ZIP	Long Beach, CA 90810
TITLE	Sec/Treas/CFO
NAME	Harbison, George
STREET ADDRESS	4001 Via Oro Ave., Ste. 200
CITY-ST-ZIP	Long Beach, CA 90810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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

SIGNATURE: George P. Harbison 4/9/2002 (310) 513-7502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #