

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007869

1. Entity Name

IPANEMA GRILL, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90028 021 \*\*\*150.00

Principal Place of Business

1771 CORAL WAY  
MIAMI FL

Mailing Address

1771 CORAL WAY  
MIAMI FL 33145-2728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0391423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUIROGA, RENE JOSE  
1771 CORAL WAY  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **DE QUIROGA, SUSANA**

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

1771 CORAL WAY

City

MIAMI

FL

Zip Code  
33145

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

03-07-00

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PST	<input checked="" type="checkbox"/> Delete
NAME	QUIROGA, RENE JOSE	
STREET ADDRESS	1771 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	DE QUIROGA, SUSANA	
STREET ADDRESS	1771 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE QUIROGA, SUSANA	
STREET ADDRESS	1771 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSANA de QUIROGA 03-07-00

Date

(305) 285-4777

Daytime Phone #

CR2E034 (9/99)