

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90895 035 ***158.75

DOCUMENT # P93000007869

1. Entity Name
IPANEMA GRILL, INC.

Principal Place of Business

1771 CORAL WAY
MIAMI FL 33145

Mailing Address

1771 CORAL WAY
MIAMI FL 33145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0391423

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

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

JUAN GUILLERMO RESTREPO

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

9165 NW. 1st. ST.

City

PEMBROKE PINES

FL

Zip Code
33024

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

JUAN GUILLERMO RESTREPO

04/08/02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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** ☒ Delete
NAME **DE QUIROGA, SUSANA**
STREET ADDRESS **1771 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **VPST** ☒ Delete
NAME **DE QUIROGA, SUSANA**
STREET ADDRESS **1771 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JUAN GUILLERMO RESTREPO**
STREET ADDRESS **9165 NW. 1st. ST.**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33024**

TITLE **VPSD.** ☒ Change ☐ Addition
NAME **MARIA ELENA HINCAPIE**
STREET ADDRESS **1740 WEST 25 ST. MIAMI BEACH, FL.**
CITY-ST-ZIP **33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JUAN GUILLERMO RESTREPO

04-04-02 (305) 285-4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)