

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90006 022 \*\*\*150.00

<b>DOCUMENT # P93000042247</b>			
<b>1. Entity Name</b> <b>POORBOYS OF MIAMI, INC.</b>			
<b>Principal Place of Business</b> 10545 SW 184TH TERRACE MIAMI FL 33157-6759 US		<b>Mailing Address</b> 10545 SW 185TH TERRACE MIAMI FL 33157-6759 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>THE LAW FIRM OF LAWRENCE J SPIEGEL</b> <b>AMERILAWYERS</b> <b>343 ALMERIA AVE</b> <b>CORAL GABLES FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	
FL		Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input type="checkbox"/> <b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>			
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE	P	<input type="checkbox"/> Delete	
NAME	JOHNSON, ALRIC		
STREET ADDRESS	19841 SW 114 AVE #309		
CITY-ST-ZIP	MIAMI FL 33157		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	JOHNSON, CEDRIC		
STREET ADDRESS	PO BOX 380305 N/A		
CITY-ST-ZIP	MIAMI FL 33238		
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			
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
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			
<b>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.</b>			
<b>SIGNATURE:</b> <u>Alric Johnson</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			
		<b>Date</b> <u>January 04, 2001</u>	<b>Daytime Phone #</b> <u>305-970-8111</u>



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0418088 **Applied For**  
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)