

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90014 017 ***158.75

DOCUMENT # *P93000049502*

1. Entity Name

UNIVERSAL RESTAURANT REPAIR, INC
(Amend)

Principal Place of Business Mailing Address
9550 NW 12 AVENUE *SAME*
Bay # 14
Miami, FL 33172

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 *65-0443052* Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CHIRINO, SANTOS M.
13000 CORONADO LANE
Miami, FL 33181

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City *11* FL Zip Code

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, 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<i>TD</i>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>JANY D. HEKINGNOEZ</i>		NAME		
STREET ADDRESS	<i>3970 SW 2 TERRACE</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Miami, FL 33134</i>		CITY-ST-ZIP		
TITLE	<i>P, S, D.</i>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SANTOS M. CHIRINO</i>		NAME		
STREET ADDRESS	<i>13000 CORONADO LANE</i>		STREET ADDRESS		
CITY-ST-ZIP	<i>Miami, FL 33181</i>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

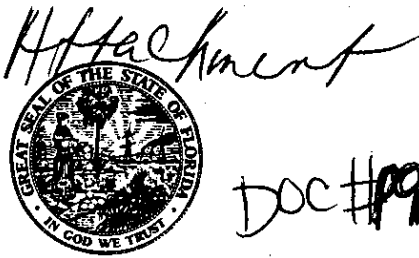
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHIRINO, SANTOS M.
CHIRINO, SANTOS M. 10/25/01

Date

Daytime Phone #

CR2E034 (11/00)



DOC # 193000048502/804984

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 27, 2001

UNIVERSAL RESTAURANT REPAIRS, INC.
9550 NW 12TH STREET
BAY #14
MIAMI, FL 33172

SUBJECT: UNIVERSAL RESTAURANT REPAIRS, INC.
Ref. Number: P93000048502

Please be advised, we have received your request to file an amended uniform business report for the above corporation; however, the document **has not been filed** and is being returned for the following:

The filing fee for an amended annual report/uniform business report is \$61.25.

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 001A00062949