🛂 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 19, 2001 8:00 am DOCUMENT # P94000047052 Secretary of State 1. Entity Name C.T.R. RESTAURANTS, INC. 02-19-2001 90270 026 ***158.75 Principal Place of Business Mailing Address 10686 SW 186 LANE 10686 SW 186 LANE MIAMI FL 33157 **MIAMI FL 33157** 718625 JIS IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0505022 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETER G. GRUBER, P.A. Street Address (P.O. Box Number is Not Acceptable) 9100 S. DADELAND BLVD. SUITE 910 MIAMI FL 33156 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE □ Delete TITLE ANGEL, TERRY NAME NAME 22352 S.W. 103 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33190** CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE ANGEL, CHARLES NAME NAME STREET ADDRESS 9800 S.W. 136TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition ☐ Delete TITLE TITLE ANGEL FLORELLE NAME NAME 9800 S.W. 136TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change ☐ Addition TITI F □ Defete TITLE ANGEL, JANET NAME NAME STREET ADDRESS STREET ADDRESS 22352 SW 103 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33190** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition ☐ Delete TITI F TITLE 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.