

2000 UNIFORM BUSINESS REPORT (UBR)

7/7

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-07-2000 90402 002 ***150.00

DOCUMENT-# 095000047357

1. Entity Name
Hereford Grill Corp.

Principal Place of Business
782 NW 42 AV. Suite # 5
Miami FL 33124

Mailing Address
782 NW 42 AV Suite # 5
Miami FL 33124

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0598641

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Jose Mario De Barros
7890 SW 12 St.
Miami FL 33144

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ (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-1-2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P Juan Rodriguez</u> <u>Edif. San Francisco</u> <u>Cardenas Vlda.</u> <u>VPD</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>De Barros Jose Mario</u> <u>7890 SW 12 St.</u> <u>Miami FL 33144</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

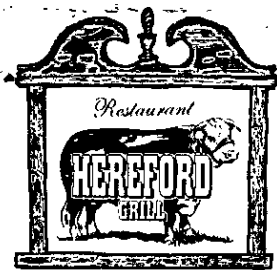
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] Date 06/26/00 Daytime Phone # _____

CR2E034 (9/99)



STEAK HOUSE

*Special Events and
Parties Salon*

DOC# P95000047351

308837

Miami July 20, 2000

Florida Department of State
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

This letter is to inform you that we did not receive the UBR form in time as usually, and we called by phone and ask you to please send it, so we could pay. Then the operator that assisted me said that we should send a check for \$ 150.00 and a letter explaining the situation, which we did.

Now, we received another billing us for late fee, which we would like your consideration in this case, because we were waiting for it.

We would like thanking your attention in this matter.

Sincerely yours


Jose Mario De Barros
Vice President