

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048540

1. Entity Name
STEAK IN FOODS & BEVERAGES INC.

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-26-2002 90159 034 ***150.00
02-27-2002 90311 021 ****61.25

Principal Place of Business
801 S. BAYSHORE DRIVE
BOX 16
MIAMI FL 33131

Mailing Address
801 S. BAYSHORE DRIVE
BOX 16
MIAMI FL 33131

825230



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 65-0613024

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, MIGUEL A
801 S. BAYSHORE DRIVE
SUITE 830
MIAMI FL 33131

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

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	PD	<input type="checkbox"/> Delete
NAME	PIRES, JADIEL	
STREET ADDRESS	2593 CHATHAM CIR	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURE, CARLOS	
STREET ADDRESS	801 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HERRERA, ENRIQUE	
STREET ADDRESS	801 S BAYSHORE DRIVE BOX 16	
CITY-ST-ZIP	MIAMI FL 33131	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	CURE, CARLOS	
STREET ADDRESS	801 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	JADIEL PIRES	
STREET ADDRESS	2593 CHATHAM CIR	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME	SOARES ARTHUR	
STREET ADDRESS	801 BRICKELL BAY DRIVE, BOX 16	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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 of this report or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 (GOS) 373-22
Date Daytime Phone #