

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034984

1. Entity Name

INTERNATIONAL RESTAURANT CONSULTANTS, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90010 025 ***550.00

Principal Place of Business

21150 JIB COURT, SUITE 12
 MIAMI FL 33180

Mailing Address

21150 JIB COURT, SUITE 12
 MIAMI FL 33180

2. Principal Place of Business

3. Mailing Address

P.O. Box 631

Suite, Apt. #, etc.

P.O. Box 800631

Suite, Apt. #, etc.

City & State

AVENTURA

City & State

AVENTURA

4. FEI Number

65-0670681

Applied For

☒ Not Applicable

Zip

33280

Country

FLORIDA

Zip

33280

Country

FLORIDA

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

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, ANDREW B	NAME	
STREET ADDRESS	21150 JIB COURT, SUITE 12	STREET ADDRESS	P.O. BOX 631 800631
CITY-ST-ZIP	MIAMI FL 33180	CITY-ST-ZIP	AVENTURA, FLORIDA, 33280
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL, LISA M	NAME	
STREET ADDRESS	21150 JIB COURT STE 12	STREET ADDRESS	P.O. BOX 631 800631
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	AVENTURA, FLORIDA, 33280
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

305-793-9488

Daytime Phone #

CR2E034 (5/00)