

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086157

1. Entity Name  
EL CHURRASCO, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**  
08-24-2000 90003 042 \*\*\*150.00

Principal Place of Business

9595 SW 1ST COURT  
CORAL-SPRINGS FL 33071  
US

Mailing Address

9595 SW 1ST COURT  
POMPANO BEACH FL 33071  
US

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 65-0713102

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTEVECCHI, DINO  
9595 SW 1ST COURT  
CORAL SPRINGS FL 33071

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDS  
MONTEVECCHI, DINO  
9595 SW 1ST COURT  
CORAL SPRINGS FL 33071 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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MONTEVECCHI, ADRIANA  
9595 SW 1ST COURT  
POMPANO BEACH FL 33071 ☐ Delete

TITLE  
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☐ Change ☐ Addition

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:

*Adriana D. Montevocchi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 AUG 2000

Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc#: P960000086157  
DU80809

August 11, 2000

Florida Department of State  
Division of Corporation  
409 East Gaines Street  
Tallahassee, Fl. 32399

CERTIFIED MAIL

Re: 2000 Uniform Business Report for:  
EL CHURRASCO, INC.  
Tax Id. No. 65-0713102


To whom it may concern

This letter is to inform you that the above referenced corporation did not received the 2000 UBR to be filed prior May 1<sup>st</sup> 2000.

We are enclosing a check for the amount of One Hundred and Fifty Dollars (\$150.00) corresponding to the renewal fee for the year 2000 along with the UBR form.

Please update your records and if we need further instructions, let us know via mail to our corporate address. We'd appreciate you help in this matter.

Sincerely,

  
Adriana Montevicchi  
Vice President of El Churrasco, Inc.  
AM/nb  
Enclosures (2)