2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplem

of the corporation or the receiver o changed, or on an attachment with

SIGNATURE AND TYPED

SIGNATURE: *

FILED Feb 22, 2000 8:00 am DOCUMENT # P96000099418 **Secretary of State** 1. Entity Name RESTAURANT AT THE FALLS, INC. 02-22-2000 90009 037 ***150.00 Principal Place of Business Mailing Address 8944 N.W. 24TH TERRACE 8944 N.W. 24TH TERRACE MIAMI FL 33172-2429 MIAMI FL 33172 715364 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0714503 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGLETARY, GENE Street Address (P.O. Box Number is Not Acceptable) 8944 N.W. 24TH TERRACE **MIAMI FL 33172** Zıp Code City FL 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Γ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE Delete NAME NAME SINGLETARY, EUGENE STREET ADDRESS STREET ADDRESS 8944 NW 24TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additio ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additio TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additio ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information sua

empowered

HE OF SIGNING OFFICER OR DIRECTOR

t my signature shall have the same legal effect as if made under oath; that I am an officer or director te this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 i