

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90049 046 ***150.00

DOCUMENT # P97000040486

1. Entity Name

GRILLERS CHOICE INC.

Principal Place of Business
 6301 N.W. 74TH AVENUE
 MIAMI, FLORIDA 33166

Mailing Address
 6301 N.W. 74TH AVENUE
 MIAMI, FLORIDA 33166

770254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0754473

Applied For

Not Applicable

Zip

Country

Zip

Country

6. 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

RIVERO, LUIS J.
 6324 N.W. 72ND AVENUE
 MIAMI, FLORIDA 33166

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)

FOR MONTHS FEBRUARY - MAY
 After MAY 1, 2001 Fee will be \$558.00
 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 P/D ☐ Delete
NAME EGUSQUIZA, GLADYS T.
STREET ADDRESS 6324 N.W. 72ND AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33166.

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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)(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 807, 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:

Gladys Egusquiza
 Gladys T. Egusquiza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CHARTERED FEBRUARY 11, 1991

CR2E034 (11/00)

APR 26 2001 (305) 594-8011