2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058463

1. Entity Name

THE PRESIDENTIAL RESTAURANT, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2300 Coral Way	2300 Coral Way	
Suite, Apt. #, etc. Suite # 200	Suite, Apt. #, etc. Suite # 200	
City & State Miami, FLorida	City & State Miami, Florida	4. FEI Number 65-0766838 / Applied For / Not Applicable
Zip 33145 / Country US	Zip 33145 / Country US	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

7. Name and Address of New Registered Agent

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)

AMADA CANTERA LOPEZ, President ___ /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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **PD** NAME **CHAMIZO, LIAN** STREET ADDRESS **101 S.W. 12TH AVENUE** CITY-ST-ZIP **MIAMI FL 33130**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 0000041040 1D--6 -05/01/01--01113--012 ****150.00 ****150.00	
TITLE **DVS** NAME **CHAMIZO, ALEX** STREET ADDRESS **101 S.W. 12TH AVENUE** CITY-ST-ZIP **MIAMI FL 33130**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X _____ LIAN CHAMIZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/01 Daytime Phone #