

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 019 ***150.00

DOCUMENT # P 970000 75296

1. Entity Name

THE FOUR AMIGOS, Inc.

DO NOT WRITE IN THIS SPACE

B0057680

2. Principal Place of Business

6550 SW 39 St

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-0776275

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CONRADO YERO

Street Address (P.O. Box Number is Not Acceptable)

10030 SW 40th St #A

City

MIAMI, FL

Zip Code

33165

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 fee if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

CONRADO YERO 3/22/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JOSE BELO
6550 SW 40th St
MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
CONRADO YERO
8227 SW 84th St
MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-222-1223