

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102503

1. Entity Name

OEM RESTAURANTS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90077 025 ***150.00

Principal Place of Business

2911 GRAND AVENUE
#500
COCONUT GROVE FL 33133

Mailing Address

7777 SOUTHWEST 132 STREET
MIAMI FL 33156-6713

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

65-0797733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$150.00
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
PD	EASTWICK-FIELD, NIKOLAS	7777 SOUTHWEST 132 STREET	MIAMI FL 33156	<input checked="" type="checkbox"/>
VD	O'CONNELL, JAMES	7777 SOUTHWEST 132 STREET	MIAMI FL 33156	<input checked="" type="checkbox"/>
VD	MURPHY, JOHN	7777 SOUTHWEST 132 STREET	MIAMI FL 33156	<input type="checkbox"/>
STD	EASTWICK-FIELD, NIKOLAS	7777 SOUTHWEST 132 STREET	MIAMI FL 33156	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	O'CONNELL, JAMES	10219 SW 117 COURT	MIAMI, FLORIDA 33186	<input checked="" type="checkbox"/>
VD	OHANESIAN PAUL	555 NW 34 STREET, #1111	MIAMI, FL 33137	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
STD	O'CONNELL JAMES	10219 SW 117 COURT	MIAMI, FLORIDA 33156	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00 305 275 9746

CR2E034 (9/99)