

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010202

1. Entity Name

PAELLA GRILL, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90288 010 ***150.00

Principal Place of Business

Mailing Address

2222 N. FEDERAL HWY.
DELRAY BEACH FL 33483

2222 N. FEDERAL HWY.
DELRAY BEACH FL 33483-6014

2. Principal Place of Business **PLAZA INN**
215 BRAZILIAN AVE

3. Mailing Address **PLAZA INN**
215 BRAZILIAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH FL

City & State

PALM BEACH FL

Zip

33460

Country

PALM BEACH

Zip

33460

Country

PALM BEACH

4. FEI Number

65-0826888

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

DANIELS, THEODORE
4400 N. FEDERAL HWY.
Boca RATON FL 33431

Name

LUIS ELU

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

PLAZA INN HOTEL

215 BRAZILIAN AVE

City

PALM BEACH

FL

Zip Code

33480

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 ☒ Delete
NAME **P. GAVILAN, JUAN**
STREET ADDRESS **2222 N FEDERAL HWY**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE ☐ Delete
NAME **T. ELU, LUIS**
STREET ADDRESS **2222 N FEDERAL HWY**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **LUIS ELU**
CITY-ST-ZIP **215 BRAZILIAN AVE**
PALM BEACH, FL 33480

TITLE ☒ Delete
NAME **V. GAVILAN, FRANCISCO J**
STREET ADDRESS **2222 N FEDERAL HWY**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

TITLE ☒ Delete
NAME **S. STORM, JAMES**
STREET ADDRESS **304 DAVIS RD**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS M. ELU

4/26/00

Date

561-876-6736

Daytime Phone #

CR2E034 (9/99)