

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070403

1. Entity Name

Los Bohios Taberna Sport Restaurant, Inc.



FILED

03 MAY -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6850-54 N.W. 169th St.

3. Mailing Address

6850 N.W. 169th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

650867740

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Gonzalez, Olga L.

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

6850-54 N.W. 169th Street

City

Miami Lakes, FL

FL

Zip Code

33015

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Olga Gonzalez, Gonzalez, Olga L.

04/22/03

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

600019183606

03-01066-009 **150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Treasurer, Secretary,
Director, Vice President
Gonzalez, Olga L.
6854 N.W. 169th St.
Miami Lakes, FL 331015

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Olga Gonzalez, Gonzalez, Olga L.

04/22/03 (305) 362-0121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (11/02)