

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90131 005 ***550.00

DOCUMENT # P98000089669

1. Entity Name
INTERAMERICAN RESTAURANTS INC.

Principal Place of Business

**17040 COLLINS AVE.
 MIAMI BEACH FL 33130**

Mailing Address

**17040 COLLINS AVE.
 MIAMI BEACH FL 33130**

2. Principal Place of Business

17040 COLLINS AVE

Suite, Apt. #, etc.

3. Mailing Address

17040 COLLINS AVE

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33160

Country

Zip

33160

Country

LISA

4. FEI Number

65-0888685

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOLIS DE DIAZ, MARIA

8410 WEST FLAGLER ST. SUITE 208

MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

MARIA SOLIS DE DIAZ

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

20301 W. COUNTRY CLUB DR. #422

City

AVENTURA

FL

Zip Code

33180

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 reinstalling)

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **SOLIS DE DIAZ, MARIA**
 STREET ADDRESS **17040 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33130**

TITLE **VTD** ☐ Delete
 NAME **DIAZ, OSCAR**
 STREET ADDRESS **17040 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/16/02 (305) 957-1990

Date Daytime Phone #

CR2E034 (9/01)

975884

✓
Attachment

P01000057527

Florida Department Of State
Division Of Corporations

To whom it may concern let this letter serve as notice
that Matthew Marshall Horse Training, Inc. Did not
recieve priore notice for 2002 Uniform Business Report.
Inclosed please find the filing fee of One Hundred and
Fifty dollars.

Sinserly Matthew R Marshall


