

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90091 003 ***150.00

0057296 AV

DOCUMENT # P98000101393

1. Entity Name

MIAMI RESTAURANT EQUIPMENT REPAIR, INC.



Principal Place of Business

**650 NW 123RD STREET
N. MIAMI FL 33168**

Mailing Address

**650 NW 123RD STREET
N. MIAMI FL 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0882114

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EBANKS, NORMAN P
650 NW 123RD STREET
N. MIAMI FL 33168**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBANKS, NORMAN P	NAME	
STREET ADDRESS	650 NW 123RD STREET	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33168	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, RAJA	NAME	
STREET ADDRESS	650 NW 123RD ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 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

[Signature]
EBANKS, NORMAN P.

09/09/03 3056288700
Date Daytime Phone #

CR2E034 (4/03)

Attachment

MIAMI RESTAURANT EQUIPMENT REPAIR INC.
650 N.W. 123rd St. • N. MIAMI, FL 33168 • Phone (305) 685-6208 • Fax (305) 681-5154

Dt.09/09/2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee,
FL 32302-1500

80147048
#P98000101393

Document No.P98000101393.

We enclose herewith the UBR.

We had not received the prior notice for filing of the UBR and the payment of the Original amount of \$150/-.

Since we did not receive the prior notice for filing of the UBR, we request you to charge us the original amount of \$150/-. Enclosed is a check towards the filing fees for \$150/-

Thanking You.

Yours truly,

Norman P. Ebanks
Director

