

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90034 043 ***150.00

DOCUMENT # P99000020177

1. Entity Name

GRILL FOODS, INC.

Principal Place of Business

Mailing Address

169 E FLAGLER STREET STE 1527
MIAMI FL 33131169 E FLAGLER STREET STE 1527
MIAMI FL 33131-1207

2. Principal Place of Business

3. Mailing Address

6595 N.W. 36th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 224

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33166

U.S.A.

6. Name and Address of Current Registered Agent

4. FEI Number

65-0915852

5. Certificate of Status Desired ☐\$8.75
Fee Required

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to:

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BARROS, CARLOS D
STREET ADDRESS 169 E FLAGLER STREET STE 1527
CITY-ST-ZIP MIAMI FL 33131TITLE D ☐ Delete
NAME BARROS, MANUEL D
STREET ADDRESS 169 E FLAGLER STREET STE 1527
CITY-ST-ZIP MIAMI FL 33131TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change
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CITY-ST-ZIPTITLE ☐ Change
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CITY-ST-ZIPTITLE ☐ Change
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 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 #

(786)-265-020