

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037727

1. Entity Name

DAMARO FOOD SERVICE, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90112 015 ***150.00

Principal Place of Business

C/O ALBERNI & ALBERNI, P.A.
4649 PONCE DE LEON BLVD. SUITE 404
CORAL GABLES FL 33146

Mailing Address

C/O ALBERNI & ALBERNI, P.A.
4649 PONCE DE LEON BLVD. SUITE 404
CORAL GABLES FL 33146

2. Principal Place of Business

4649 PONCE DE LEON

Suite, Apt. #, etc.

300

City & State

CORAL GABLES FL 33146

Zip

33146

Country

USA

3. Mailing Address

4649 PONCE DE LEON

Suite, Apt. #, etc.

300

City & State

CORAL GABLES, FL

Zip

33146

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0926118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBERNI, JOSE

C/O ALBERNI & ALBERNI, P.A.

4649 PONCE DE LEON BLVD. SUITE 404

CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

PEDRO AMARO

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

4649 PONCE DE LEON

SUITE 300

City

CORAL GABLES

FL

Zip Code

33146

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, 2001 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 PS
NAME AMAR, PEDRO JR
STREET ADDRESS 14340 SW 23 ST
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE T
NAME ALBERNI, JOSE G
STREET ADDRESS 801 HARBOR DR
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME AMARO, PEDRO JR
STREET ADDRESS 4649 PONCE DE LEON #300
CITY-ST-ZIP CORAL GABLES, FL 33146 ☒ Change ☐ Addition

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

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

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

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

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

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)