

2001 UNIFORM BUSINESS REPORT (UBR)

0183540

DOCUMENT # P99000038313

1. Entity Name

DON POLLO, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 AM 8: 53

Principal Place of Business

Mailing Address

400 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146

400 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

65-0962190

Applied For
Not Acceptable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLACID, RAYMOND
1172 SOUTH DIXIE HWY. #293
CORAL GABLES FL 33146

Name ALVARO GORRIN

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

400 S. Dixie Hwy

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.

ALVARO GORRIN

(NOTE: Registered Agent signature required when reinstating)

7/01/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GORRIN, ALVARO
STREET ADDRESS 400 S. DIXIE HIGHWAY
CITY - ST - ZIP CORAL GABLES, FL 33146

Delete

TITLE
NAME 800004478368-016
STREET ADDRESS -07/17/01--01002--016
CITY - ST - ZIP ****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME 800004478368--8
STREET ADDRESS -07/17/01--01002--017
CITY - ST - ZIP ****150.00 ****150.00

TITLE
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CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date and Place

ALVARO GORRIN

4/28/01 305-669-7988

CR2E034 (10/00)