

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90061 009 ***150.00

DOCUMENT # P99000041829 ←

1. Entity Name

PUNTA GORDA FAST GRILLED STEAKS, INC.

Principal Place of Business

Mailing Address

5300 WEST 16TH AVE.
 HIALEAH FL 33012

5300 WEST 16TH AVE.
 HIALEAH FL 33012-2104

2. Principal Place of Business

3. Mailing Address

5410 West 16th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah FL

Zip

Country

Zip

Country

33012

USA

4. FEI Number

65-0920904

Applied For

Not Applicable

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

OJEDA, HERNANDEZ
 15300 WEST 16T AVE.
 HIALEAH FL 33012

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 State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

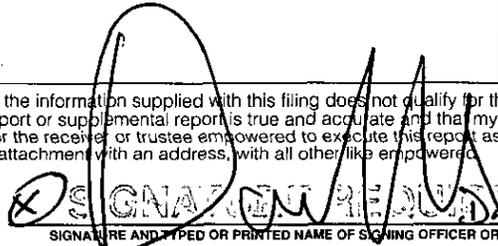
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | MISAS, HENRY LUIS | |
| STREET ADDRESS | CALL 53 NO. 4468 | |
| CITY-ST-ZIP | BARRANQUILLA, COLOMBIA | |
| TITLE | VPDD | <input type="checkbox"/> Delete |
| NAME | MUSKAS, DAVID MUSKUS, DAVID | |
| STREET ADDRESS | CALL 53 NO. 4468 | |
| CITY-ST-ZIP | BARRANQUILLA, COLOMBIA | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

(305) 827-3377

Daytime Phone #

CR2E034 (9/99)