

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA9000052228

1. Entity Name

CARICHON RESTAURANT, INC.

R

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90007 015 ***150.00

Principal Place of Business

Mailing Address

1254-58 W 44 PL.

1254-58 W 44 PL.

Hialeah, FL 33012

Hialeah, FL 33012

2. Principal Place of Business

1254-58 W 44 PL.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

4. FEIN

91-1981899

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

Country

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

ROINER ARMAS.

14922 SW 169 LANE

Miami FL 33187

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)

9/8/00

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	P/T/D.	<input type="checkbox"/> Delete
NAME	ROINER ARMAS	
STREET ADDRESS	14922 SW 169 LANE	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	ANGELA ARMAS	
STREET ADDRESS	14922 SW 169 LANE	
CITY - ST - ZIP	MIAMI FL 33187	
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		

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

R. ARMAS

9/8/00

305-2331117

Date

Daytime Phone #

attachment
P99000052228
A0077736

September 5, 2000

CARICHON RESTAURANT, INC.
1254 -58 W 44 Place
Hialeah, FL 33012

Division of Corporations
Att: Uniform Business Reports
PO BOX 6327
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$150.00 for the corporation annual fee of Carichon Restaurant, Inc. Document #P99000052228. This payment is for the 2000 Uniform Business Report. The reason in which I did not pay this fee on time is because I did not receive the first Uniform Business Report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,


Roiner Armas
President