FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90196 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

427811

DOCUMENT # P99000070121

1. Entity Name
BIRYAN OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4010 N. FEDERAL HWY	20100 W. COUNTRY CLUB DR # 306
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	# 306
City & State: FT. LAUDERDALE, FL	City & State: AVENTURA FL
Zip: 33308 Country: USA	Zip: 33180 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0940569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TIMOTHY K. MAJON

Street Address (P.O. Box Number is Not Acceptable): 2929 EAST COMMERCIAL BLVD

PENTHOUSE E

City: FT. LAUDERDALE FL Zip Code: 33308

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	EDUARDO U. EISENSTEIN	NAME	
STREET ADDRESS	20100 W COUNTRY CLUB DR #306	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	EZEQUIEL EISENSTEIN	NAME	
STREET ADDRESS	3180 S. OCEAN DR #417	STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	HECTOR DESTIAR	NAME	
STREET ADDRESS	1301 SW 142ND AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ⊗ _____ ⊗ 3/6/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #