

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

03-25-2002 90196 040 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000070121

1. Entity Name

BIRYAN OF AMERICA, INC.

427811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4010 N. FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

20100 W. COUNTRY CLUB DR # 306

Suite, Apt. #, etc.

306

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

AVENTURA FL

4. FEI Number

65-0940569

Applied For

Not Applicable

Zip

33308

Country

USA

Zip

33180

Country

USA

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

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

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IN THIS SPACE**

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 resigning)

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
NAME EDUARDO U. EISENSTEIN
STREET ADDRESS 20100 W COUNTRY CLUB DR #306
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VP
NAME EZEQUIEL EISENSTEIN
STREET ADDRESS 3180 S. OCEAN DR #417
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE VP
NAME HECTOR DESTIAR
STREET ADDRESS 1301 SW 142ND AVE
CITY-ST-ZIP PEMPROKE PINES FL 33027

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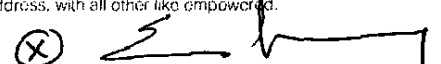
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: (X) 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 3/6/2002

DATE

DAYTIME PHONE #

CR2E034B (12/01)