

2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000076151

1. Entity Name

PALOMILLA GRILL, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-22-2000 90084 009 ***150.00

Principal Place of Business
~~6890 WEST FLAGLER STREET~~
~~MIAMI FL 33144~~
2660 SW 137th AVE
MIAMI FL 33175

Mailing Address
~~6890 WEST FLAGLER STREET~~
~~MIAMI FL 33144-2814~~
2660 SW 137th AVE
MIAMI FL 33175

2. Principal Place of Business
2660 SW 137th AVE

3. Mailing Address
SW 02#2

Suite, Apt. #, etc.
MIAMI FL

Suite, Apt. #, etc.

City & State

City & State

Zip
33175

Country
DADE

Zip

Country

4. FEI Number
~~65-0951800~~ 65-0951800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

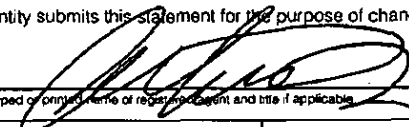
7. Name and Address of New Registered Agent.

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

ALBERTO LEY
2660 SW 137th AVE
MIAMI FL 33175

Name
ALBERTO LEY
Street Address (P.O. Box Number is Not Acceptable)
2660 SW 137th AVE
MIAMI FL 33175
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  DATE 4/30/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEY, ALBERTO D 6890 WEST FLAGLER STREET MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, EMY 6890 WEST FLAGLER STREET MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2660 SW 137th AVE MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2660 SW 137th AVE MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  ALBERTO LEY 4/30/00 (305) 553-0600

CR2E034 19/99