

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-17-2000 90954 012 ***150.00

DOCUMENT # P99000080509

1. Entity Name

STREETSIDE REFRESHMENTS, INC.

Principal Place of Business

175 FOUNTAINEBLEU BLVD.
 SUITE 1-A-4
 MIAMI FL 33172

Mailing Address

175 FOUNTAINEBLEU BLVD.
 SUITE 1-A-4
 MIAMI FL 33172-4511

2. Principal Place of Business

8323 N.W. 12TH STREET

Suite, Apt. #, etc.

204 BEACON CENTRE

City & State

MIAMI-FL

Zip **33124**

Country

DADE

3. Mailing Address

8323 N.W. 12TH STREET

Suite, Apt. #, etc.

204 BEACON CENTRE

City & State

MIAMI FL

Zip **33124**

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECHASNEY, CHARLES
 175 FOUNTAINEBLEU BLVD.
 SUITE 1-A-4
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **FERREIRO ALFREDO**

Street Address (P.O. Box Number is Not Acceptable)

8323 N.W. 12TH ST. SUITE 204

BEACON CENTRE

City

MIAMI

FL

Zip Code

33124

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

Alfredo Ferreiro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LECHASNEY, CHARLES	
STREET ADDRESS	1140 GLENWOOD COURT	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FERREIRO, ALFREDO	
STREET ADDRESS	15305 S.W. 170 TERRACE	
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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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
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:

Alfredo Ferreiro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000 (305) 718-9414
 Date Daytime Phone #

CR 1 (1/14/1999)