

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P99000097949

1. Entity Name

RESTAURANT MALLORCA INC.

FILED

00 JUL 24 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6741 CORAL WAY
#1
MIAMI FL 33155

Mailing Address

6741 CORAL WAY
#1
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0960021

Applied For

Not Applicable

Zip

Country

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

GONZALEZ, MARIA F
6741 CORAL WAY
#1
MIAMI FL 33155

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
GARCIA, RAUL
6741 CORAL WAY #1
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003349994-4
-08/08/00-01095-019
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GONZALEZ, MARIA F
6741 CORAL WAY #1
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA F. GONZALEZ

7/12/00

(305) 267-0770

Date

Daytime Phone #

CR2E034 (5/00)

P99000097949

202

RESTAURANT MALLORCA INC.
6741 CORAL WAY #1
MIAMI, FLORIDA 33155

July 17, 2000

Secretary of State
UBR Filing
P.O. BOX 1500
Tallahassee, FL 32302-1500

Gentlemen:

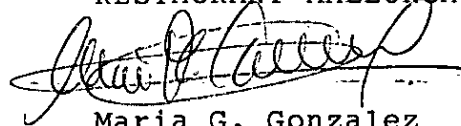
On April 6, 2000 we sent two 2000 Uniform Business Report, one for this Corporation #P-99000097949 and Palmas de Mallorca Restaurant Inc., #P-94000065574.

Now we received a second request in regard of P-99000097949 and when we call, your Department told us that they did not receive the original UBR and authorized us to send a new form with a check of \$150.00 and a letter explaining that the first one was lost in your Department because you receive the other UBR that was in the same envelope.

Please acknowledge receipt to be sure that now, we did not have any problem.

Very truly yours,

RESTAURANT MALLORCA INC.



Maria G. Gonzalez