5/5/1

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

05-01-2000 90030 009 ***150.00

DOCUMENT # P99000105449

1. Entity Name

ORLANDO'S STEAKHOUSE, INC.

Principal Place of Business	Mailing Address
2201 N.W. 102ND PLACE BAY #3 MIAMI FL 33172	2201 N.W. 102ND PLACE BAY #3 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2201 NW 102 Place.		2201 NW 102 Place.	
Suite, Apt. #, etc.: #3		Suite, Apt. #, etc.: #3	
City & State: Miami FL		City & State: Miam FL	
Zip: 33172	Country: U.S.A	Zip: 33172	Country: U.S.A

4. FEI Number: APPLIED FOR ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE CASTRO, ANTONIO MR.
2201 N.W. 102ND PLACE
BAY #3
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: Antonio De Castro.
Street Address (P.O. Box Number Is Not Acceptable): 2201-NW-102-PL Bay #3.
City: Miami FL Zip Code: 33172

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: Antonio de Castro DATE: 05/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Director Orlando Padron. 5908 NW 110 CT Miami FL 33178 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Officer 5/20/00 305 436 9797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #