

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105695

1. Entity Name
SIGIS RESTAURANT CORPORATION

Principal Place of Business
**C/O KIRKPATRICK & LOCKHART LLP
2500 NE 135TH STREET #911
MIAMI FL 33181**

Mailing Address
**C/O KIRKPATRICK & LOCKHART LLP
2500 NE 135TH STREET #911
MIAMI FL 33181**

2. Principal Place of Business
2500 NE 135th St., #911

3. Mailing Address
**2500 NE 135th Street
Suite, Apt. #, etc.
#911**

City & State
Miami, FL

City & State
Miami, Florida

Zip
33181

Country
USA

Zip
33181

Country
USA

4. FEI Number **65-0977112**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BULMAN, RICHARD C JR.
C/O KIRKPATRICK & LOCKHART LLP
201 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Abdelmalak, Mekail
Street Address (P.O. Box Number is Not Acceptable)
2500 NE 135th Street, #911

City **Miami** State **FL** Zip Code **33181**

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
[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ABDELMALAK, MEKAIL	
STREET ADDRESS	2500 NE 135TH STREET #911	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:
[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-30-01**

Daytime Phone # **305-945-2569**



DO NOT WRITE IN THIS SPACE

0231226

CR2E034 (10/00)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90074 025 ***150.00

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CUBAN AMERICAN NATIONAL COUNCIL, INC.

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Hon. Mario P. Goderich

Judge, Third District Court of Appeals
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Susana Gomez

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