

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24370

1. Entity Name
LARIOS ON THE BEACH, INC.

FILED

00 FEB 22 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
420 JEFFERSON AVENUE
MIAMI BEACH, FLORIDA
33139

Mailing Address
420 JEFFERSON AVENUE
MIAMI BEACH, FLORIDA
33139-6503

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
701 BRICKELL AVENUE
Suite, Apt. #, etc.
SUITE 3000

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

4. FEI Number
65-0326017


Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ESTEFAN ENTERPRISES, INC.
420 JEFFERSON AVENUE
MIAMI BEACH, FLORIDA 33139

7. Name and Address of New Registered Agent
Name
INTRASTATE REGISTERED AGENT CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE
SUITE 3000
City
MIAMI FL Zip Code
33131

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.
INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE  BY STEVEN H. HAGEN, VICE PRESIDENT (NOTE: Registered Agent signature required when reinstating)

DATE 2/17/00

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	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEFAN, JR., EMILIO		NAME		
STREET ADDRESS	555 JEFFERSON AVENUE		STREET ADDRESS	200003155802--4	
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139		CITY-ST-ZIP	-03/03/00--01011--031	
TITLE		<input type="checkbox"/> Delete	TITLE	***158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  EMILIO ESTEFAN, JR., PRESIDENT

DATE 2/18/00

Daytime Phone # KE