

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38066

1. Entity Name

LARIOS RESTAURANT MANAGEMENT, INC.

FILED

Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90011 045 ***150.00

017195

Principal Place of Business

C/O VALDES-FAULI DOBB BISCHU & KRISS PA
2 S BISCAYNE BLVD. SUITE 3400
MIAMI FL 33131-1897
US

Mailing Address

820 OCEAN DRIVE
MIAMI BEACH FL 33139
US

RU040100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0336954

Applied For

Not Applicable

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

HERNANDEZ-TORANO, JORGE L.
2 S BISCAYNE BLVD
STE 3400-ONE BISCAYNE TOWER
MIAMI FL 33131-1897

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 \$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 PD
NAME LARIOS, QUINTIN ☐ Delete
STREET ADDRESS 10340 NW 46 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ Change ☐ Addition
NAME LARIOS Quintin
STREET ADDRESS 8475 S.W. 53rd Ave
CITY-ST-ZIP Miami, FL 33143

TITLE VPD
NAME LARIOS, MARIA T ☐ Delete
STREET ADDRESS 10340 NW 46 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE VPD ☒ Change ☐ Addition
NAME LARIOS, Maria T.
STREET ADDRESS 8475 S.W. 53rd Ave
CITY-ST-ZIP Miami, FL 33143

TITLE SVPD
NAME LARIOS, CARMEN ☐ Delete
STREET ADDRESS 10340 NW 46 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE SVPD ☒ Change ☐ Addition
NAME LARIOS Carmen
STREET ADDRESS 8475 S.W. 53rd Ave
CITY-ST-ZIP Miami, FL 33143

TITLE TVPD
NAME LARIOS, JORGE ☐ Delete
STREET ADDRESS 10340 NW 46 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE TVPD ☒ Change ☐ Addition
NAME LARIOS Jorge
STREET ADDRESS 8475 S.W. 53rd Ave
CITY-ST-ZIP Miami, FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Carmen Larios*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-01

Date

Daytime Phone #

(305)

533-9577

CR2E034 (10/00)