

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V41530**

1. Entity Name

LAS BRISAS RESTAURANT, INC.

Principal Place of Business

**600 N. SURF ROAD
UNIT 8 & 9
HOLLYWOOD FL 33019**

Mailing Address

**600 N. SURF ROAD
UNIT 8 & 9
HOLLYWOOD FL 33019**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0339041

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

**GALAN, ALBERTO
600 NORTH SURF ROAD
UNIT 8 & 9
HOLLYWOOD FL 33019**

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	PD	<input type="checkbox"/> Delete
NAME	GALAN, ALBERTO	
STREET ADDRESS	600 NORTH SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOTTO, CARLOS	
STREET ADDRESS	600 NORTH SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/00

CR2E034 (5/00)

Attachment
DH# V41530
DW69189

July 7-2000

TO WHOM IT MAY CONCERN

I, ALBERT F. GALAN, OWNER
OF LAS BRISAS RESTAURANT NEVER RECEIVED
THE FIRST NOTICE OF 2000 UNIFORM REPORT.

I CALLED (PJO) 488-9000 - SPOKE
WITH JANE AND SHE TOLD ME TO WRITE
THE LETTER AND SEND \$-150.00 DOLLARS -

Yours Truly -

Albert F. Galan

LAS BRISAS RESTAURANT
600 N. SURF RD
HOLLYWOOD FL 33019

65-0339041