

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90171 015 ***150.00

DOCUMENT # V66248

1. Entity Name
DORAL STEAK ON THE RUN, INC.

Principal Place of Business

**351 N.W. 42ND AVE
SUITE 203
MIAMI FL 33126
US**

Mailing Address

**P.O. BOX 330044
COCONUT GROVE FL 33233
US**

2. Principal Place of Business

3. Mailing Address

351 NW 42 Avenue

**Suite, Apt. #, etc.
Suite 600**

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Zip

33126

Country

USA

Zip

Country

4. FEI Number

65-0395672

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

**BOLOOKI, HAMID
351 N.W. 42ND AVE
SUITE 203
MIAMI FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

351 NW 42 Avenue

Suite 600

City

Miami

FL

Zip Code
33126

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, 2002 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** ☐ Delete
NAME **BOLOOKI, HAMID**
STREET ADDRESS **351 N.W. 42ND AVE., #203**
CITY-ST-ZIP **MIAMI FL 33126**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **351 NW 42 Ave. #600**
CITY-ST-ZIP **Miami, FL. 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: **Hamid Bolooki**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 305-643-5040
Date Daytime Phone #

CR2E034 (9/01)