

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90028 006 ****61.25

DOCUMENT # N99000004867

1. Entity Name
LA MESA REDONDA HISPANA, INC.

Principal Place of Business 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE. MIAMI FL 33131	Mailing Address 900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVE. MIAMI FL 33131
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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 65-1035777	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
**MURIA, WALD, BIONDO & MORENO, P.A.
 900 INGRAHAM BUILDING
 25 SOUTHEAST 2ND AVE.
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIRRE, HORACIO 2900 NW 39TH STREET MIAMI FL 33142	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, CESAR 1221 BRICKELL AVE MIAMI FL 33131	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARBOLEYA, CARLOS 1941 S.W. 23RD STREET MIAMI FL 33145	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTIFOLL, LUIS 2205 S.W 8 STREET MIAMI FL 33135	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDELA, HILARIO 800 DOUGLAS ENTRANCE NORTH TOWER CORAL GABLES FL 33134	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANCELA, JOSE 8400 N.W. 52 STREET, STE 101 MIAMI FL 33166	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Cancela* Chairman **Feb 19, 2002** 305-579-0668

CR2E037 (9/01)