

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 00000023245  
1. Entity Name  
EL RODEO MEXICAN RESTAURANT, INC.

02 MAY 28 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
644 Park Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
644 Park Ave.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orange Park, FL.

City & State  
Orange Park, FL.

Zip  
32073

Country  
USA

4. FEI Number  
593633458

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Ramon J. Mireles, Mendoza

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

City  
Orange Park

State  
FL

Zip Code  
32073

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 Ramon J. Mireles, Mendoza DATE 5-15-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SID VISIDIA</u> <u>Ramon J. Mireles, Mendoza</u> <u>644 Park Ave</u> <u>Orange Park, FL 32073</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ramon J. Mireles, Mendoza DATE 5-15-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OR2E034B (12/01)