

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

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90930 036 \*\*\*150.00

DOCUMENT # 700000073608  
1. Entity Name  
La Colombiana Restaurant Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>839 W 49 Street</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Mialeah, Florida</u>		City & State <u>Florida</u>	
Zip <u>33012</u>	Country <u>US</u>	Zip	Country

**870065**  
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <u>651028353</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Melly Sabogal</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>8095 NW 8 St #406</u>	
City <u>Miami</u>	FL Zip Code <u>33126</u>

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 <u>[Signature]</u>	DATE <u>6/3/02</u>
<small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) <input checked="" type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>
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10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Melly Sabogal</u> <u>President</u> <u>8095 NW 8 St #406</u> <u>Miami, FL 33126</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>German Sabogal</u> <u>14753 SW 90 Terr. Miami, FL</u> <u>33196</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 reports 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 the empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/02 (305) 826-6310  
Date Daytime Phone #

CR2E034B (12/01)