

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90049 040 \*\*\*150.00

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**DOCUMENT #** P01000038116

1. Entity Name  
**TORTILLERIA CORPORATION**



Principal Place of Business  
1238 WHITFIELD AVE.  
SARASOTA FL 34243

Mailing Address  
809 64TH AVE. DR. WEST  
BRADENTON FL 34207

11021212



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DE LA ROSA, JOSE R**  
**615 14TH ST. EAST**  
**PALMETTO FL 34221**

4. FEI Number **02-0577562**  
Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
Name **DELA ROSA JOSE R**  
Street Address (P.O. Box Number is Not Acceptable)  
**4434 ST. Johns Road**  
City **Bowling Green, FL** **FL** Zip Code **34833**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose R de la Rosa* DATE **April 28, 03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE LA ROSA, JOSE R</b> <b>615 14TH ST. EAST</b> <b>PALMETTO FL 34221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jose R de la Rosa</b> <b>4434 ST. Johns Road</b> <b>Bowling Green, FL 34833</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAURIN, WILFRED</b> <b>809 64TH AVE. DR. WEST</b> <b>BRADENTON FL 34207</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, 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 R de la Rosa* **REQUIRED** **Jose R. de la Rosa** **April 28, 03** **941-545-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2010/10/14 14:06:26