

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90001 036 \*\*\*150.00

DOCUMENT # **P01000039164**

1. Entity Name  
**EL DORADO MEXICAN RESTAURANT, INC.**

Principal Place of Business

Mailing Address

**1843 S. KINGS RD.  
 CALLAHAN FL 32011**

**1843 S. KINGS RD.  
 CALLAHAN FL 32011**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3711913**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Macias Gilberto  
 3861 Debbie Ct.  
 Callahan, FL 32011**

Name

**Miguel Ruiz**

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

**3861 Debbie Ct.**

City

**Callahan**

**FL**

Zip Code  
**32011**

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 **Miguel Ruiz**

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.  | 12.   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| <b>P Miguel Ruiz<br/>3861 Debbie Ct<br/>Callahan, FL 32011</b>               | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>MIGUEL RUIZ</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| <b>P Luis Ruiz Zaragoza<br/>4320 Sunbeam Rd APT 217<br/>JAY, FL 32257</b>    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Luis Ruiz</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| <b>Juan Manuel Orozco Armenta<br/>3861 Debbie Ct.<br/>Callahan, FL 32011</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

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: **MIGUEL RUIZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-02**

Date

Daytime Phone #

CR2E034 (9/01)