

MAR. 22. 2002 10: 50AM

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049022
1. Entity Name
Country Walk Mexican Restaurant INC.

FILED

02 APR -3 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>13744 SW 152nd St.</u>		Suite, Apt. #, etc.	
City & State <u>Miami, FL 33165</u>		City & State	
Zip <u>33165</u>	Country <u>DADE</u>	Zip	Country

4. FEI Number <u>65-1100158</u>	Applied For <input type="checkbox"/> Net Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <u>Robert Espinoza</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>18721 SW 295 terr.</u>	
City <u>Homestead</u>	FL Zip Code <u>33030</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 Robert Espinoza ROBERT ESPINOZA 3/22/02

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when withdrawing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$600.00 Amended UBR is \$81.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	--	-----------------------------

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>BERRONES, CESAR</u> <u>19340 SW 289th St.</u> <u>Homestead, FL 33030-2235</u>	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<u>PD</u> <u>Robert Espinoza</u> <u>18721 SW 295 terr.</u> <u>Homestead, FL 33030</u>
			<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>BERRONES, GUADALUPE</u> <u>19340 SW 289th St.</u> <u>Homestead, FL 33030-2235</u>	<input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<u>STD</u> <u>Estela Espinoza</u> <u>18721 SW 295 terr.</u> <u>Homestead, FL 33030</u>
			<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Espinoza ROBERT ESPINOZA 4/3/02 305-247-7104

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