

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90099 043 \*\*\*150.00

DOCUMENT # P01000058905  
1. Entity Name  
**Arepas de mi Tierra, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>853 Orchid Drive</b>	3. Mailing Address <b>853 Orchid Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Royal Palm Beach, FL</b>	City & State <b>Royal Palm Beach, FL</b>	4. FEI Number <b>65-1114223</b>	Applied For <input type="checkbox"/>
Zip <b>33411</b>	Country	Zip <b>33411</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Diego Cordoba**

Street Address (P.O. Box Number is Not Acceptable)  
**853 Orchid Drive**

City  
**Royal Palm Beach** **FL** Zip Code  
**33411**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**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	<b>PD Cordoba, Diego L 853 Orchid Drive Royal Palm Beach, FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Aguilar, Fanny 853 Orchid Drive Royal Palm Beach, FL 33411</b>
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	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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: 

4-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)