

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90290 016 ***150.00

DOCUMENT # P01000070819

1. Entity Name
GASTRONOMICA LA VINA, INC.



Principal Place of Business
**2020 NE 163RD STREET, SITE #300
NORTH MIAMI BEACH FL 33162**

Mailing Address
**2020 NE 163RD STREET, SITE #300
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business

1920 E. Hallandale Beach Blvd

3. Mailing Address

1920 E. Hallandale Beach Blvd

Suite, Apt. #, etc.

PH-1

Suite, Apt. #, etc.

PH-1

☐ CHECK HERE IF MAKING CHANGES

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number **65-1123336**

Applied For

Not Applicable

Zip
33009

Country
USA

Zip
33009

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBO, JAMES V

**2020 NE 163RD STREET, SITE #300
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

ELIAS JAFIF

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

1920 E. Hallandale Beach Blvd

PH-1

City

HALLANDALE

FL

Zip Code

33009

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

X
Signature, typed or printed name of registered agent and title if applicable.

ELIAS JAFIF

(NOTE: Registered Agent signature required when reinstating)

4/22/03

DATE

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

TITLE **D** ☐ Delete
NAME **PENHOS, EMILIO JAFIF**
STREET ADDRESS **2020 NE 163RD STREET, SITE #300**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☐ Delete
NAME **PENHOS, ELIAS JAFIF**
STREET ADDRESS **2020 NE 163RD STREET, SITE #300**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1920 E. Hallandale Beach Blvd, PH-1**
CITY-ST-ZIP **HALLANDALE, FLORIDA 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1920 E. Hallandale Beach Blvd, PH-1**
CITY-ST-ZIP **HALLANDALE, FLORIDA 33009**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 (954) 455-4300

DATE DAYTIME PHONE #

CR2E034 (10/02)