

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90200 037 \*\*\*150.00

0143773 AV

**DOCUMENT # P02000059493**

1. Entity Name  
**LA NUEVA QUISQUEYA CAFETERIA INC.**



Principal Place of Business      Mailing Address  
**241 WEST 42ND STREET**      **241 WEST 42ND STREET**  
**HIALEAH FL 33012**      **HIALEAH FL 33012**



2. Principal Place of Business      3. Mailing Address  
**4460 NW 37ave**      **4460 NW 37ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State      City & State  
**Miami**      **Miami, Fl**

Zip      Country      Zip      Country  
**Fl**      **Base**      **33142**      **0are**

4. FEI Number      Applied For  
**03-0453137**      Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPOS, EZEQUIEL M**  
**3436 NW 14 TERRACE**  
**MIAMI FL 33125**

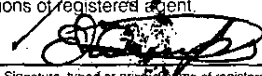
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3121 NW 19 ST**

City      State      Zip Code  
**Miami**      **FL**      **33145**

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:       (NOTE: Registered Agent signature required when reinstating)      DATE

**9 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       **\$5.00 May Be Added to Fees**  
Trust-Fund Contribution:

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	CAMPOS, EZEQUIEL M	3436 NW 14 TERRACE	MIAMI FL 33125	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		3121 NW 19 ST	Miami, FL 33145	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:       **3/25/03**      **638-5950**

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

CR2E034 (10/02)