FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000091280

1. Entity Name

Bochica of Miami, Inc.

FILED
05 AUG 30 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000059384440
09/07/05--01016--029 **450.00

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2. Principal Place of Business	3. Mailing Address
1717 North Bay Shore Dr.	
Suite, Apt. #, etc.: #3048	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33132 Country	Zip Country

FIRST STATE FILING DO NOT WRITE IN THIS SPACE 03-05

4. FEI Number: 56-2292921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Enriquez, Enrique

Street Address (P.O. Box Number is Not Acceptable): 1717 North Bay Shore Dr.

City: Miami FL Zip Code: 33132

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: _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Enriquez, Enrique
STREET ADDRESS	1717 North Bay Shore Dr.
CITY-ST-ZIP	Miami, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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$8.75 8/30

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

SIGNATURE: _____

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

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **BOCHICA OF MIAMI, INC.**

Thank you for your courtesy in this matter.

ENRIQUE ENRIQUEZ
PRESIDENT