2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000056703

1. Entity Name

LA BAMBA MEXICAN AND SPANISH RESTAURANT IV. INC.



Principal Place of Business

LAVENDER, JOEL R ESQ.

FT. LAUDERDALE FL 33316

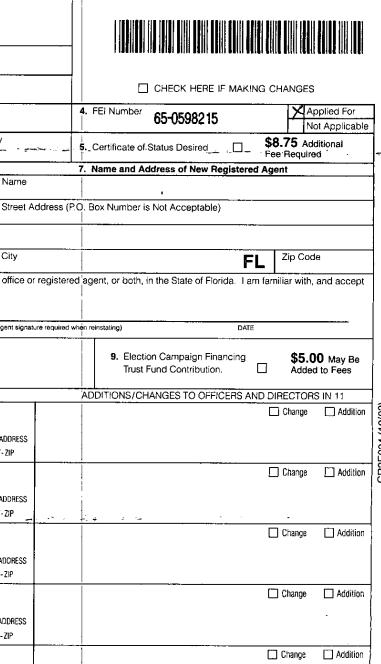
507 S.E. 11TH CT.

Mailing Address

10169 WEST SUNRISE BLVD. PLANTATION FL 33322		10169 WEST SUNRISE BLVD. PLANTATION FL 33322		j to
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEi N
Zip	Country	Zip	Country	5. Certii
6. Name and Address of Current Registered Agent				7. Name
			Name	1

FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90308 026 ***150.00



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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE MOLINA, MIGUEL NAME NAME STREET ADDRESS 43 NORTHEAST 26TH STREET STREET ADDRESS WILTON MANORS FL 33305 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE MARTINES, MANUEL NAME NAME 43 NORTHEAST 26TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP WILTON MANORS FL 33305 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME MARTINES, FIDEL A NAME STREET ADDRESS 490 SOUTHEAST 15TH STREET, APT, 15 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Delete TITLE AMAYA, JOSE O NAME 9891 RED HEART LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

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 trusted 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 attachmen