

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90303 031 ***150.00

DOCUMENT # P96000066488

1. Entity Name
EL POLO XIX CORP.

Principal Place of Business

**401 SW 109 AVE
 MIAMI FL 33174**

Mailing Address

**15615 S.W. 61ST TERR.
 MIAMI FL 33193**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

3505 So. Ocean Dr.

SUITE 3B

City & State

City & State

Hollywood, Florida

4. FEI Number

65-0692741

Applied For

Not Applicable

Zip

Country

Zip

Country

33019

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESTEVEZ, AIDA
 15615 S.W. 61ST TERR.
 MIAMI FL 33193**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

4/25/02

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP ESTEVEZ, AIDA**
 STREET ADDRESS **15615 S.W. 61ST TERR.**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE Change Addition
 NAME **DP AIDA ESTEVEZ**
 STREET ADDRESS **7440 S.W. 136 ST.**
 CITY-ST-ZIP **Miami, Fla. 33156**

TITLE Delete
 NAME **DV ESTEVEZ, ULISES**
 STREET ADDRESS **15615 S.W. 61ST TERR.**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE Change Addition
 NAME **DV ULISES ESTEVEZ**
 STREET ADDRESS **7440 S.W. 136 ST.**
 CITY-ST-ZIP **Miami, Fla. 33156**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 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

4/25/02

Date

Daytime Phone #

CR2E034 (9/01)