

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


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90184 034 \*\*\*150.00

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**DOCUMENT # P97000017693**

1. Entity Name  
**LA TIENDA, INC.**



Principal Place of Business  
**4740 NE 12TH AVE  
FORT LAUDERDALE FL 33334  
US**

Mailing Address  
**4740 NE 12TH AVENUE  
FT LAUDERDALE FL 33334  
US**



2. Principal Place of Business  
**4760 NE 12TH AVE**

3. Mailing Address  
**4760 NE 12TH AVE**

Suite, Apt. #, etc.  
**4760 NE 12TH AVE**

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0732857**

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

6. Name and Address of Current Registered Agent  
**MOORE, SEAN L  
2900 EAST OAKLAND PARK BLVD.  
THIRD FLOOR  
FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent  
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. 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)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LUSHER, BRENDA JEAN</b> <b>3100 NE 48TH STREETG17 ←</b> <b>FORT LAUDERDALE FL 33308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Apartment 817</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date: **04/03/03** Daytime Phone #: **954-492-8700**

CR2E034 (10/02)