

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098877

09-21-2000 90001 038 ****70.00
P97000098877

1. Entity Name

LA MINUTERA RESTAURANT CORPORATION 2

FILED

00 SEP 21 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00037413

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8339 S.W. 40th Street
Miami, Florida 33155

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

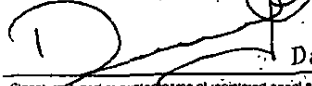
4. FEI Number Applied For
65-0823492 Not Applicable

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

6. Name and Address of Current Registered Agent
MARITZA H. BLANCO
5791 S.W. 59th Court
Miami, Florida 33143

7. Name and Address of New Registered Agent
Name: DANIEL MEJIAS
Street Address (P.O. Box Number is Not Acceptable): 1011 W. 39th Place
City: Hialeah FL Zip Code: 33012

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:  Daniel Mejias, Pres. 9-18-2000
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARITZA BLANCO	
STREET ADDRESS	5791 S.W. 59th Court	
CITY-ST-ZIP	Miami, Fl. 33143	
TITLE	STDV	<input checked="" type="checkbox"/> Delete
NAME	CALIXTO BLANCO	
STREET ADDRESS	5791 S.W. 59th Court	
CITY-ST-ZIP	Miami, Florida 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Mejias	
STREET ADDRESS	1011 W. 39th Place	
CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE	STDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Maritza Medrano	
STREET ADDRESS	1101 W. 39th Place	
CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:  Daniel Mejias President 9-18-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Phone #

9/21