

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90007 024 \*\*\*150.00

**DOCUMENT # P98000074748**

1. Corporation Name

**RESTAURANTE UNIVERSAL DEL PUEBLO, INC.**

Principal Place of Business

**2072 OPALOCK BLVD.  
OPALOCKA FL 33054**

Mailing Address

**2072 OPALOCK BLVD.  
OPALOCKA FL 33054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/27/1998**

4. FEI Number

**65-0860000**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**30**

9. Name and Address of Current Registered Agent

**RUIZ, ALDO  
426 N.W. 82ND TERR.  
MIAMI FL 33150**

10. Name and Address of New Registered Agent

81 Name

**YOLANDA NUNEZ**

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

**1165 N.W. 4 AVENUE**

84 City

**MIAMI**

**FL**

85 Zip Code  
**33161**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when completing)

*[Signature]* 7/1/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **NUNEZ, YOLANDA**  
STREET ADDRESS **1165 NW 4TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99  
Date

Daytime Phone #

CR2E034 (5/99)

P98000074748  
599562-90007-24

July 26, 1999.

Florida Department Of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

Ref: Corporation Annual Fee Rep.

Dear Katherine Harris:

My Name is Yolanda Nuñez, I'm a poor woman and I bought this small business, when I received said business no body toll me about this payment annual and never received any notice about it.

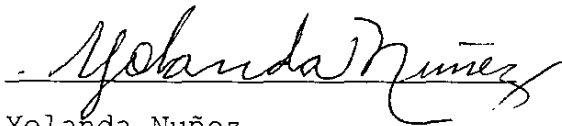
In this time I send the payment normal for \$150.00 this amount its only that's I might pay, because my business its slow.

I want from you make disallow for penalty for late payment, because is not my fail, may be the first owner receive the first payment notice and do not advise to me.

I want to take this opportunity to give thank you for this cooperation with me.

Sincerely

RESTAURANTE UNIVERSAL DEL PUEBLO, INC.



Yolanda Nuñez  
President.