

**2000 UNIFORM BUSINESS REPORT (UBR)**

5.

**DOCUMENT # P99000076151**  
 1. Entity Name  
**PALOMILLA GRILL, INC.**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**  
 05-22-2000 90084 009 \*\*\*150.00

Principal Place of Business      Mailing Address  
~~6890 WEST FLAGLER STREET~~      ~~6890 WEST FLAGLER STREET~~  
~~MIAMI FL 33144~~      ~~MIAMI FL 33144-2814~~  
**2660 SW 137th AVE**      **2660 SW 137th AVE**  
**MIAMI FL 33175**      **MIAMI FL 33175**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2660 SW 137th AVE**      **SW 02# 2**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**MIAMI FL**

City & State      City & State  
 Zip **33175**      Country **DADE**      Zip      Country

4. FEI Number ~~65-0951800~~ **65-0951800**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
~~SPIEGEL & UTRERA, P.A.~~      **ALBERTO LEY**  
~~343 ALMERIA AVENUE~~      **2660 SW 137th AVE**  
~~CORAL GABLES FL 33134~~      **MIAMI FL 33175**

7. Name and Address of New Registered Agent.  
 Name **ALBERTO LEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~2660 SW 137th AVE~~  
**MIAMI FL 33175**  
 City **MIAMI**      **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      DATE **4/30/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LEY, ALBERTO D</b>	
STREET ADDRESS	<b>6890 WEST FLAGLER STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, EMY</b>	
STREET ADDRESS	<b>6890 WEST FLAGLER STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2660 SW 137th AVE MIAMI FL 33175</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2660 SW 137th AVE MIAMI FL 33175</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:      **ALBERTO LEY**      Date **4/30/00**      Daytime Phone # **(305) 553-0600**

CR2E034 19/99