

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90056 041 ***550.00

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DOCUMENT # F01000002777

1. Entity Name

EMBUTIDOS PALACIOS USA, INC.



Principal Place of Business

**45 ANTILLA AVE., #1-E
CORAL GABLES FL 33134**

Mailing Address

**7541 N.E. 3RD PLACE
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

350 NE 75th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

33138

Country

USA

4. FEI Number

51-0386268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAHERA, IVAN S
45 ANTILLA AVE., #1-E
CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

IVAN SAN MARTIN, VICEPRESIDENT

08/01/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **P** ☐ Delete
NAME **PALACIOS GARCIA, FRANCISCO J**
STREET ADDRESS **45 ANTILLA AVE., #1-E**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V** ☐ Delete
NAME **SANMARTIN LAHERA, IVAN**
STREET ADDRESS **45 ANTILLA AVE., #1-E**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S** ☐ Delete
NAME **PLACIOS GARCIA, ANGEL P**
STREET ADDRESS **45 ANTILLA AVE., #1-E**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **T** ☐ Delete
NAME **PLACIOS GARCIA, JAIME P**
STREET ADDRESS **45 ANTILLA AVE., #1-E**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN SAN MARTIN, VICEPRESIDENT

08/01/03

305 758 1089

Daytime Phone #

CR2E034 (4/03)