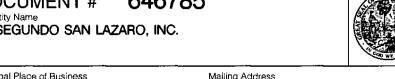
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

646785 **DOCUMENT #**

1. Entity Name

EL SEGUNDO SAN LAZARO, INC.





04-14-2003 90219 011 ***150.00

FILED									
Apr 14, 2003 8:00 am									
Secretary of State									
0414000000010011 ***15000									

Principal Place 1576 SW 1ST MIAMI FL 331:	ST	Mailing Address 1576 SW 1ST ST MIAMI FL 33135	1576 SW 1ST ST								
O Drive since	Daniel A. Company	La Malline Autoria	·								
z. Principai r	Place of Business	3. Mailing Address	3. Mailing Address				•••••••••••••••••••••••••••••••••••••••				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Stat	6	City & State	City & State			4. FEI Number 59-2024214				oplied For ot Applicable	
Zip	Country	Zip	Coun	try		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7: Name and Address of New Registered Agent Name						
YUNI, JOS	NE .			i varie							
1576 SW			Street Address			(P.O. Box Number is Not Acceptable)					
MIAMI FL											
MIAMI FL	33135	•									
							•	FL	Zip Cod	le	
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 a	agent and title if applicable. (NO	TE: Registere	d Agent signature	re required wh	nen reinstaling)		DATE	. · · · · · · · · · · · · · · · · · · ·		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							ction Campaign st Fund Contrib		\$5.0 Added	May Be d to Fees	
10.		AND DIRECTORS	11.			ADDITIONS/	CHANGES TO (OFFICERS AND	DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE	:					Change	☐ Addition	
NAME	YUNI, JOSE		NAM	1							
STREET ADDRESS CITY-ST-ZIP	1627 SW 9TH ST MIAMI FL		STREET ADDRESS CITY-ST-ZIP				•			}	
· TITLE	FIRE WITH 1 to	Delete	TITLE	+					☐ Change	Addition	
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STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			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:X

0 4/10/03 Date