2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # 671875** 1. Entity Name LAS MERCEDES CATERING, INC. 04-18-2000 90184 006 ***150.00 Principal Place of Business Mailing Address 218 W 22 ST 218 W 22 ST HIALEAH FL 33010-1522 HIALEAH FL 33010-1522 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2034413 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALACDO, IRAIDA Street Address (P.O. Box Number is Not Acceptable) 5985 W 12 LANE HIALEAH FL 33012 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, PD ☐ Delete ☐ Addition TITLE TITLE NAME DAMASO, SALCEDO NAME STREET ADDRESS STREET ADDRESS 5985 W 12TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 STD ☐ Addition ☐ Change TITLE ☐ Delete TITLE SALZEDO, DAMASO NAME NAME STREET ADDRESS 5985 W 12TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE SALCEDO, IRAIDA NAME NAME 5985 W 12TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

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