## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 17, 2000 8:00 am Secretary of State **DOCUMENT # G93196** 1. Entity Name LA CARRETA RESTAURANT IV. INC. 03-17-2000 90006 043 \*\*\*150.00 Principal Place of Business Mailing Address 700 SW 36 AVE 700 SW 36 AVE 700 SW 36 AVE. 700 SW 36 AVE. MIAMI FL 33135-4124 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address 3663 SW 8TH STREET 3663 S.W 8TH STREET Suite, Apt. #, etc. Suitė, Apt. #, etc FLOOR THIRD-FWOR THIRD-City & State City & State Applied For 4. FEI Number 59-2422085 Cloni DA FloriDA MIAMI MIAMI Not Applicable Country U.S.A Zip Country \$8.75 Additional 5. Certificate of Status Desired 33135 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLIS, FELIPE A Street Address (P.O. Box Number is Not Acceptable) 3663 S.W. 8TH STREET THIRD FLOOR **MIAMI FL 33135** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!!!-FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. OFFICERS AND DIRECTORS 11. RESIDENT VAILS, FELIPE A JR Change DP Addition TITLE Delete TITLE 3663 S. W STA STREET THIRD Floor VALLS. FELIPE A NAME NAME 3663 S.W. 8TH STREET THIRD FLOOR STREET ADDRESS STREET ADDRESS MIAMI, FL 33135 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE TITLE SECRETARY VALLS, FELIPE A ST 3663 S. W STA ST, THIRD Flour VALLS, FELIPE A JR --NAME NAME STREET ADDRESS 3663 S.W. 8TH STREET THIRD FLOOR STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME

13. Thereby 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

FELIPE A VAIIS, IR
PRESIDENT

☐ Delete

2/2/2000

305-4464916

Change

Addition

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Daytime Phone #