## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **K58451** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name LA PALMA RESTAURANT NO. 2 INC. 04-03-2000 90210 031 \*\*\*150.00 Principal Place of Business Mailing Address % FELIPE A. VALLS % FELIPE A. VALLS 700 SW 36TH AVE 700 SW 36TH AVE MIAMI FL 33135-4124 MIAMI FL 33135 2. Principal Place of Business 3663 S.W 8th STARRT 3. Mailing Address 3663 S. W. 8TH STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. THIRD FLOUR FLOOR THIRD Applied For City & State City & State 4. FEI Number 65-0224246 MIAMI - FLORIDA MIAHI - FLORIDA Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired U.S.A. 33135 Fee Required U.S.A. 33135 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Valls, 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. 11. Change Change PD Addition TITLE TITLE ☐ Delete VALLS, FELIPE A NAME NAME STREET ADDRESS 3663 S.W. 8TH STREET THIRD FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE TORRES, DENAVARRA C NAME NAME 3663 S.W. 8TH STREET THIRD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIE MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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

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

CARLOS TORRES DE NAVARRA