

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010689

1. Entity Name

DIEGO'S BISTRO, LLC

FILED

Principal Place of Business

8349 N.W. 12TH STREET
MIAMI FL 33126

Mailing Address

8349 N.W. 12TH STREET
MIAMI FL 33126

01 SEP - 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

3830 S.W. 137 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI FL

4. FEI Number

65-1037521

Applied For

Not Applicable

Zip

Country

Zip

33126

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVILA, JAIME ESQ.
2121 PONCE DE LEON BLVD., SUITE 450
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

JOSE A. OSORIO

Street Address (P.O. Box Number is Not Acceptable)

8349 N.W. 12 Street

City

Miami

FL

Zip Code

33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004602050--9
-09/20/01--01028--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	OSPINA, DIEGO F	
STREET ADDRESS	8864 N.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	OSORIO, JOSE A	
STREET ADDRESS	220 S.W. 9TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JOSE A. OSORIO

FILED

4/26/01 (305) 226-3443

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CR2E083 (5/01)

STAPLE CHECK HERE