FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90690 038 ****50.00

30068211

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010689

1. Entity Name

DIEGO'S BISTRO LLC

Principal Place of Business	Mailing Address
8349 N.W 12 St Miami Fl 33126	3830 SW 137 AV Miami Fl 33175

2. Principal Place of Business	3. Mailing Address
	7105 SW 8 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 309
City & State	City & State MIAMI. Fl.
Zip / Country	Zip 33144 / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1037521 ☐ Applied for ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ JANETH
8349 NW 12 St
Miami Fl. 33126.

7. Name and Address of New Registered Agent

Name LOPEZ WILLIAM

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] William Lopez 4/28/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Lopez Janeth STREET ADDRESS 8349 N.W 12th St CITY-ST-ZIP Miami Fl 33126	☐ Delete	TITLE PD NAME LOPEZ WILLIAM. STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME Lopez William STREET ADDRESS 8349 NW 12th St CITY-ST-ZIP Miami Fl 33126	☐ Delete	TITLE V/D NAME LUZ A. LOPEZ STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] William Lopez 4/28/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #