

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90019 009 ****50.00

DOCUMENT # L01000000059

1. Entity Name

TIERRA PERUANA RESTAURANT, LLC

Principal Place of Business

3164 CORAL WAY
 MIAMI FL 33154

Mailing Address

3164 CORAL WAY
 MIAMI FL 33154

22430

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1065272

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RONDON, MIGUEL M
 7600 NW 5 STREET APT. 1F
 PLANTATION FL 33024

7. Name and Address of New Registered Agent

Name **Rondon, Miguel M**
 Street Address (P.O. Box Number is Not Acceptable) **20520 Highland Lake Blvd.**
 City **Miami** FL Zip Code **33179**

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

Miguel M. Rondon

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

(NOTE: Registered Agent signature required when reinstating)

2.19.02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | RONDON, MIGUEL M | |
| STREET ADDRESS | 7600 NW 5 STREET APT. 1F | |
| CITY-ST-ZIP | PLANTATION FL 33024 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | MAGUINA, FELICITA M | |
| STREET ADDRESS | 7712 NW 5 STREET APT. 4F | |
| CITY-ST-ZIP | PLANTATION FL 33024 | |
| 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 | | |

| | | |
|----------------|---------------------------|--|
| TITLE | MGRM | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rondon, Miguel M | |
| STREET ADDRESS | 20520 Highland Lake Blvd. | |
| CITY-ST-ZIP | Miami, FL 33179 | |
| TITLE | MGRM | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Maguina, Felicitia M | |
| STREET ADDRESS | 7712 NW 5 Street Apt 4F | |
| CITY-ST-ZIP | Plantation, FL 33024 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(l), 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:

Miguel M. Rondon

MIGUEL M. RONDON

2.12.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)