

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

0018356

DOCUMENT # L01000000059



05-02-2003 90573 022 ****50.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONDON, MIGUEL M
20520 HIGHLAND LAKE BLVD.
MIAMI FL 33179**

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

SIGNATURE

[Signature]

4.28.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGRM RONDON, MIGUEL M
STREET ADDRESS **20520 HIGHLAND LAKE BLVD.**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE NAME Change Addition
MGRM Rondon, Miguel M.
STREET ADDRESS **20520 Highland Lake Blvd.**
CITY-ST-ZIP **Miami, FL 33179**

TITLE NAME Delete
MGRM MAGUINA, FELICITA M
STREET ADDRESS **7712 NW 5 STREET APT. 4F**
CITY-ST-ZIP **PLANTATION FL 33024**

TITLE NAME Change Addition
MGRM Maguina, Felicitita M.
STREET ADDRESS **7712 NW 5 Street Apt. 4F**
CITY-ST-ZIP **Plantation, FL 33024**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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:

[Signature] **MIGUEL M. RONDON** **4.28.03**

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

Date

Daytime Phone #

CR2E083 (10/02)