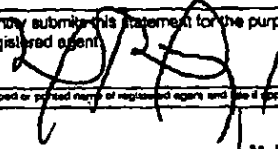


FILED
Jun 09, 2003 8:00 am
Secretary of State

04-10-2003 90023 009 ****50.00

4/10/2

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

DOCUMENT # L02000002515					
1. Entity Name THE TASTE OF HAVANA RESTAURANT, L.L.C.					
Principal Place of Business 7900 NW 36TH ST. MIAMI FL 33166			Mailing Address 7900 NW 36TH ST. MIAMI FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02-0611430	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent QUESADA, G. FRANK ESQ. 1313 PONCE DE LEON, STE. 200 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name: VICTOR R. ALVAREZ Street Address (P.O. Box Number is Not Acceptable) 7900 NW 36 ST City: Miami FL Zip Code: 33166		
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, the registered agent.					
SIGNATURE 			DATE 3/4/03		
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 STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Pres/V. Pres/Sec./Treasurer Victor R. Alvarez 7900 NW 36 ST Miami FL 33166			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ 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)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and the 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 registered trustee authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			SIGNATURE REQUIRED 3/4/03 (55) 477-4225		

CR2E083 (10/02)