2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am DOCUMENT # L72173 1, Entity Name Secretary of State NUMERO UNO RESTAURANT, INC. 01-24-2000 90006 023 ***150.00 Principal Place of Business Mailing Address 2499 S. ORANGE AVENUE 2499 S. ORANGE AVENUE ORLANDO FL 32806-4545 ORLANDO FL 32806 $V \cap C \cap T \cap C \cap C \cap C$ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3015321 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAULINO, ISIDRO Street Address (P.O. Box Number is Not Acceptable) ~2499 SOUTH AVENUE ORLANDO FL Zin Code City 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. DATE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE ☐ Delete PAULINO, ISIDRO NAME NAME 275 CITRUS DRIVE STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PAULINO, CARMEN NAME NAME 275 CITRUS DRIVE STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition PRESIDENT TITLE TITLE ☐ Delete NAME PAULING ISIDRO STREET ADDRESS STREET ADDRESS 17618 SEIDNER RD CITY-ST-ZIP WINTER GARDON 74, 34787 CITY-ST-ZIP Change Addition Delete TITLE PAULIND CARMEN NAME 176 18 SEIDNER STREET ADDRESS STREET ADDRESS WINTER GARD CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change ☐ Addition Delete TITLE

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP