

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000003740**1. Entity Name
RESTAURACION, MINISTERIO DE UNIDAD FAMILIAR INC.Principal Place of Business
330 SW 27TH AVENUE
702
MIAMI FL 33135
Mailing Address
330 SW 27TH AVENUE
702
MIAMI FL 33135

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
65-0466201
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CORDERO AMARILIS
12505 S.W. 95 TERRACE
MIAMI FL 33186 US
7. Name and Address of New Registered Agent
Name
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.

SIGNATURE **AMARILIS CORDERO** 01/03/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE NOW:
FEE IS \$61.25
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees
Make Check Payable to
Department of State10. OFFICERS AND DIRECTORS
TITLE T ☐ Delete
NAME CORDERO AMARILIS
STREET ADDRESS 12505 S W 95TH TERRACE
CITY-ST-ZIP MIAMI FL 33186
TITLE S ☐ Delete
NAME CORDERO KATHY
STREET ADDRESS 12505 S W 95TH TERRACE
CITY-ST-ZIP MIAMI FL 33186
TITLE P ☐ Delete
NAME CORDERO MARCIAL
STREET ADDRESS 12505 S.W. 95 TERRACE
CITY-ST-ZIP MIAMI FL 33186
TITLE D ☐ Delete
NAME CISNEROS SIDAR
STREET ADDRESS 8500 S.W. 133RD AVE. ROAD #110 -415
CITY-ST-ZIP MIAMI FL 33183
TITLE D ☐ Delete
NAME MENDOZA GERARDO
STREET ADDRESS 412 S.W. LE JEUNE ROAD
CITY-ST-ZIP MIAMI FL 33134
TITLE VD ☐ Delete
NAME CORDERO AMARILIS
STREET ADDRESS 12505 S W 95TH TERRACE
CITY-ST-ZIP MIAMI FL 33186
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☒ Change ☐ Addition
NAME DICKSON PEGGY L
STREET ADDRESS 15174 SW 110 ST
CITY-ST-ZIP MIAMI FL 33196
TITLE ☒ Change ☐ Addition
NAME LHOESTE ALBA L
STREET ADDRESS 9440 FOUNTAINEBLUE BLVD APT 112
CITY-ST-ZIP MIAMI FL 33172
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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: Marcial Cordero P 01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)