

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90446 007 \*\*\*\*70.00

**DOCUMENT # N98000001533**

1. Entity Name

**MINISTERIO DE RESTAURACION, INC.**

Principal Place of Business

**10029 N ASTER AVE  
TAMPA FL 33612**

Mailing Address

**4919 BAYCREST DR.  
TAMPA FL 33615**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3488266**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GOMEZ, JOSE JR.  
4920 BAYCREST DR.  
TAMPA FL 33615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE 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 State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **GOMEZ, JOSE SR.**  
STREET ADDRESS **4919 BAYCREST DR.**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **VPD** ☐ Delete  
NAME **GOMEZ, CARMEN**  
STREET ADDRESS **4919 BAYCREST DR.**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **TD** ☐ Delete  
NAME **GOMEZ, JOSE JR.**  
STREET ADDRESS **4920 BAYCREST DR.**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **SD** ☐ Delete  
NAME **HALL, MAYRA**  
STREET ADDRESS **4920 BAYCREST DR.**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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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)(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 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: CARMEN GOMEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-01**

Date

**813-684-2754**

Daytime Phone #

CR2E037 (10/00)