

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001533

1. Entity Name

MINISTERIO DE RESTAURACION, INC.

Principal Place of Business

Mailing Address

10029 N ASTER AVE
TAMPA FL 33612

4919 BAYCREST DR.
TAMPA FL 33615

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

59-3488266

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE SECRETARY-D ☒ Change ☐ Addition
NAME Gomez, Carmen
STREET ADDRESS 4919 Baycrest Dr.
CITY-ST-ZIP TAMPA, FL 33615

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

TITLE VICE-PRESIDENT-D ☒ Change ☐ Addition
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 TREASURER-D ☐ Change ☒ Addition
NAME ORTIZ, LESBIA
STREET ADDRESS 8205 Greenleaf Cir
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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* CARMEN GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

813-910-2691

Daytime Phone #

CR2E037 (9/01)