

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90163 034 \*\*\*158.75

**DOCUMENT #** P00000009644

**1. Entity Name**

CHURRO FEVER CORP.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1665 West 49th Street

Suite, Apt. #, etc.  
1416

City & State  
Hialeah, Florida

Zip  
33012

Country  
USA

**3. Mailing Address**  
777 Brickell Avenue

Suite, Apt. #, etc.  
Suite 1070

City & State  
Miami, Florida

Zip  
33131

Country  
USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
65-0990322

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Louis R. Montello

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

777 Brickell Avenue

City  
Miami

FL

Zip Code  
33131

**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

August 16, 2002

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE**  
NAME  
D P T S  
Abad, Ariadna  
**STREET ADDRESS**  
777 Brickell Avenue, Suite 1070  
**CITY- ST- ZIP**  
Miami, Florida 33131

**TITLE**  
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**DO NOT WRITE  
IN THIS SPACE**

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 16, 2002

(305) 373-0300

Date

Daytime Phone #

CR2E034B (12/01)

*Attachment*

*# P000009644*

*124767*

LAW OFFICES

· MONTELLO & KENNEY, P.A.

777 BRICKELL AVENUE

SUITE 1070

MIAMI, FLORIDA 33131

TELEPHONE (305) 373-0300

FAX (305) 373-3739

August 30, 2002

**VIA FEDEX**

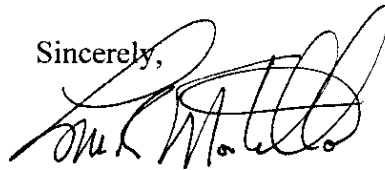
Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: Churro Fever Corp. (the "Company")

Ladies and Gentlemen:

Enclosed please find a Uniform Business Report (UBR) for the Company and a check in the amount of \$158.75 in payment of the Company's 2002 annual fee as well as acquiring a certificate of status. Please be advised that the Company has had significant employee turnover in the last year and has no record of having received its 2002 UBR. Accordingly, I request that you waive any penalties and other fees that may be due.

Sincerely,



Louis R. Montello

mb

Enclosures