## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am Secretary of State **FILED** P00000021988 DOCUMENT # 1. Entity Name 05-27-2002 90477 006 \*\*\*150 00 GUANAJUATO GRILL, INC. Principal Place of Business Mailing Address 1704 TALLO WAY 1704 TALLO WAY ORLANDO FL 32818 ORLANDO FL 32818 Place of Business DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0058072 $\cos \varrho$ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIETO, J. JESUS Street Address (P.O. Box Number is Not Acceptable) 1704 TALLO WAY ORLANDO FL 32818 Zip Code FI 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 Sgnature typed or printed name of registered agent and title if applicable 45 (NOTE) Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible 等级。其实是不同样的现在分词 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NIETO, LIDIA NAME NAME STREET ADDRESS STREET ADDRESS 1704 TALLO WAY ORLANDO FL 32818 CITY-ST-ZIP CITY-ST-ZIP DΡ TITLE □ Delete TITLE Change ☐ Addition NAME NAME NIETO, J JESUS STREET ADDRESS 1704 TALLO WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 TITLE Delete TITLE □ Change Addition NAME NIETO, J SOCORRO STREET ADDRESS 1704 TALLOWAY STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLĘ, ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.