2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 04, 2002 8:00 am § Secretary of State DOCUMENT # P00000043309 1. Entity Name 03-04-2002 90009 043 ***150.00 SEGUNDO MEXICO RESTAURANT, INC. Principal Place of Business Mailing Address 4831 N. DIXIE HIGHWAY 4831 N. DIXIE HIGHWAY DEERFIELD BEACH FL 33064 DEERFIELD BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1008476 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ! Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLE, EDWARDO B Street Address (P.O. Box Number is Not Acceptable) 4188 NW 67 TERR CORAL SPRINGS FL 33067 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME VALLE, KIMBERLY M NAME STREET ADDRESS STREET ADDRESS 4188 N W 67TH TERRACE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME valle, edwardo b STREET ADDRESS STREET ADDRESS 4188 N W 67TH TERRACE CITY-ST-7IP CITY-ST-7IP CORAL SPRINGS FL 33067 TITLE ___ - 🔲 Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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-end 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.

EDUARDO BVALLE 15/02 Daytime Phone #

FILED