

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000057969**

1. Entity Name

**EL CONUQUITO RESTAURANT, CORP****FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90284 009 \*\*\*150.00

0121602

Principal Place of Business

**103 PERVIZ AVENUE  
OPA LOCKA FL 33054**

Mailing Address

**103 PERVIZ AVENUE  
OPA LOCKA FL 33054****642042**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**100 N. PERVIZ AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**206 NW 91 ST.**

Suite, Apt. #, etc.

City &amp; State

**OPA-LOCKA, FL**

City &amp; State

**MIAMI, FL**

4. FEI Number

**65-1016199**

Applied For

Not Applicable

Zip

**33054**

Country

**U.S.A**

Zip

**33150**

Country

**U.S.A**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PTD</b>			
	<b>RODRIGUEZ, ADRIA M</b>			
	<b>103 PERVIZ AVENUE</b>			
	<b>OPA LOCKA FL 33054</b>			

	<b>VSD</b>			<input checked="" type="checkbox"/> Delete
	<b>FABIAN, CLEMENTE</b>			
	<b>103 PERVIZ AVENUE</b>			
	<b>OPA LOCKA FL 33054</b>			

				<input type="checkbox"/> Delete

				<input type="checkbox"/> Delete

				<input type="checkbox"/> Delete

				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.

SIGNATURE:

**Adria M. Rodriguez**  
**ADRIA M. RODRIGUEZ****PRES.****4/13/01**

Date

**(305) 769-0800**

Daytime Phone #

CR2E034 (10/00)