

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91906 005 ***150.00

2003
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-00000059456			
1. Entity Name LA POTOSINA MEXICAN STORE & RESTAURANT			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2820 S BAY ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State EUSTIS, FL		City & State	
Zip 32726	Country	Zip	Country
4. FE Number 59-3654514		Applied For Not Applied	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MARIA ARUIZU			
Street Address (P.O. Box Number is Not Acceptable) 2820 S BAY ST			
City & State EUSTIS FL Zip 32726			
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. I am familiar with and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
9. Filing Fee January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE 1 NAME STREET ADDRESS CITY-STATE-ZIP PRESIDENT MARIA ARUIZU 2820 S BAY ST EUSTIS, FL 32726		TITLE 2 NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE 3 NAME STREET ADDRESS CITY-STATE-ZIP SECRETARY ANTONIO GALA 2820 S BAY ST EUSTIS, FL 32726		TITLE 4 NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE 5 NAME STREET ADDRESS CITY-STATE-ZIP		TITLE 6 NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE 7 NAME STREET ADDRESS CITY-STATE-ZIP		TITLE 8 NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE 9 NAME STREET ADDRESS CITY-STATE-ZIP		TITLE 10 NAME STREET ADDRESS CITY-STATE-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: Maria Arizu		4/30/03 (352) 357-5910	