

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

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P00000086447

1. Entity Name

EL COMPADRE RESTAURANT, INC.

05-06-2004 90188 015 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
219 N.W. 27 Avenue

3. Mailing Address  
150 N.W. 24 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami Florida

City & State  
Miami Florida

4. FEI Number 65-1030038

Applied For  
Not Applicable

Zip 33125 Country USA

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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 GONZALEZ, JUAN FRANCISCO

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

150 N.W. 24 Court

City Miami

FL

Zip Code 33125

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)

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 DP  
NAME GONZALEZ, JUAN FRANCISCO  
STREET ADDRESS 150 NW 24 Ct  
CITY-ST-ZIP Miami FL 33125

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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:

Juan F. Gonzalez

07/10/04

Date

Daytime Phone #