

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105036

1. Entity Name

LA FONDA PAISA RESTAURANT, INC.

Principal Place of Business

2420 SW 137TH AVENUE
MIAMI FL 33175

Mailing Address

2420 SW 137TH AVENUE
MIAMI FL 33175

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PAEZ, MERY
2420 SW 137TH AVENUE
MIAMI FL 33175

4. FEL Number

W-1054741

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
NAME ANGARITA, JOSE
STREET ADDRESS 8520 SW 133RD AVE. RD., BLDG. 4, APT. 120
CITY-ST-ZIP MIAMI FL 33175

TITLE D
NAME PAEZ, MERY M
STREET ADDRESS 15457 SW 47TH TERRACE
CITY-ST-ZIP MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004571939--1
-09/06/01--01031--013
*****500.00 *****500.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004571939--1
-09/06/01--01031--014
*****50.00 *****50.00

TITLE
NAME
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CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 prior like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/23/01

CR2E034 (5/01)

FILED

01 AUG 27 AM 11:37

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE