

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

DOCUMENT # **P00000 105036**

1. Entity Name

La Fonda Paisa Restaurant, Inc.



Principal Place of Business

**2420 S.W. 137 Ave.
Miami, Fla. 33175**

2. Principal Place of Business

3. Mailing Address

2420 S.W. 137 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fla.

Zip

Country

Zip

Country

33175

U.S.A.

4. FEI Number

05-1054741

Applied For:

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Paez Mery

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

15457 S.W. 47 Terr

City

Mia Fla.

FL

Zip Code

33187

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03

DATE

FILE NOW!!! FEE IS \$10.00
After May 1, 2003 Fee will be \$30.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/O Mery Paez	<input type="checkbox"/> Delete
NAME	Mery Paez	
STREET ADDRESS	15457 S.W. 47 Terr	
CITY-ST-ZIP	Mia Fla. 33187	
TITLE	Sec'd Adolfo E. Barron	<input type="checkbox"/> Delete
NAME	Adolfo E. Barron	
STREET ADDRESS	15457 S.W. 47 Terr	
CITY-ST-ZIP	Mia Fla. 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #