

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105383

1. Entity Name

HAMBURGUESAS PRIMOS, INC.

Principal Place of Business

Mailing Address

C/O DAVID J. HART, P.A.
100 N. BISCAYNE BLVD. SUITE 2600
MIAMI FL 33132

C/O DAVID J. HART, P.A.
100 N. BISCAYNE BLVD. SUITE 2600
MIAMI FL 33132

2. Principal Place of Business

4995 NW 72 ND Ave Ste

3. Mailing Address

13891 Seagrape Circle

(Suite) Apt. #, etc.

402

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Weston FL 33326

Zip

33166

Country

U.S.A

Zip

33326

Country

U.S.A

4. FFI Number

65-1059120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J
100 N. BISCAYNE BLVD. SUITE 2600
MIAMI FL 33132

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 D
NAME OSPINA, GONZALO MEJIA
STREET ADDRESS CARRERA 9 #70-55
CITY-ST-ZIP SANTAFE DE BOGOTA COLOMBIA ☐ Delete

TITLE D
NAME LLANO, MARIA L
STREET ADDRESS 1445 SW 122 AVENUE, #18
CITY-ST-ZIP MIAMI FL 33184 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 other like empowered.

SIGNATURE:

MARIA L. LLANO

April 3/01

305-4982895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0155091

CR2E034 (10/00)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90169 044 ***150.00

60045807



DO NOT WRITE IN THIS SPACE