

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

DOCUMENT # P00000105383

1. Entity Name
Hamburguesas Primos, Inc.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90102 002 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1389 Seagrape Cir
Suite, Apt. #, etc.

3. Mailing Address
1389 Seagrape Cir
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Weston, FL
Zip
33326
Country

City & State
Weston, FL
Zip
33326
Country

4. FEI Number
65-1059120

Applied For
Not Applicable

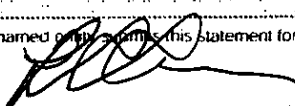
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Luis C. Arauz
Street Address (P.O. Box Number is Not Acceptable)
1225 NW 25th St
Ste 300
City
Miami FL Zip
33122

8. The above named party signs 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. (Not required 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 \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
D Gonzalo Mejia Ospina
STREET ADDRESS
Carrera 9 #70-55
CITY- ST- ZIP
Santa Fe De Bogota Colombia

TITLE
NAME
D Llano, Maria
STREET ADDRESS
1445 SW 122 Ave #18
CITY- ST- ZIP
Miami, FL 33184

TITLE
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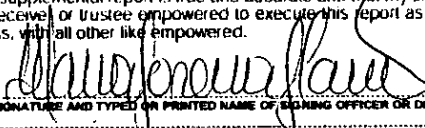
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/02 Daytime Phone #