FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90102 002 ***150.00

DOCUMENT # P02000105383

1. Entity Name
Hamburguesas Primos, Inc.

DO NOT WRITE IN THIS SPACE

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

City & State
Weston, FL

Zip 33326 Country

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

City & State
Weston, FL

Zip 33326 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1059120
Applied For
Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	Gonzalo Mejia Ospina
STREET ADDRESS	Carrera 9 #70-55
CITY-ST-ZIP	Santa fe De Bogota Colombia
TITLE	D
NAME	Llano, Maria
STREET ADDRESS	1445 SW 122 Ave #18
CITY-ST-ZIP	Miami, FL 33184
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E054B (12/01)

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: _____ Ap 26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #