

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91896 015 \*\*\*150.00

**DOCUMENT # P00000105383**

1. Entity Name  
**HAMBURGUESAS PRIMOS, INC.**



Principal Place of Business  
**1389 SEAGRAPE CIR  
WESTON FL 33326**

Mailing Address  
**1389 SEAGRAPE CIR  
WESTON FL 33326**

**11041000**



2. Principal Place of Business

**7225 NW 25 STREET**

Suite, Apt. #, etc.

**STE 201**

City & State

**MIAMI, FLORIDA**

Zip

**33122**

Country

**USA**

3. Mailing Address

**7225 NW 25 STREET**

Suite, Apt. #, etc.

**STE 201**

City & State

**MIAMI, FLORIDA**

Zip

**33122**

Country

4. FEI Number

**65-1059120**

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

**ARAUZ, LUIS C  
1225 NW 25TH ST  
STE 300  
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

**MARIA LORENA LLANO**

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

**7225 NW 25 STREET / STE 201**

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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**04/30/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **GONZALO MEJIA OSPINA**  
STREET ADDRESS **CALLE 128C # 62A70/CASA # 7**  
CITY-ST-ZIP **BOGOTA COLOMBIA**

TITLE **D** ☒ Change ☐ Addition  
NAME **MARIA LORENA LLANO**  
STREET ADDRESS **7225 NW 25 STREET / STE 201**  
CITY-ST-ZIP **MIAMI, FL 33122**

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

TITLE ☐ Change ☐ 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

**04/30/03**

Date

Daytime Phone #

CR2E034 (10/02)