2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90218 007 ***150.00

DOCUMENT# F 1. Entity Name	00000111956	
CASA DE LAS EMPANADAS	S RESTAURANT INC.	
Principal Place of Business	Mailing Address	

1717 C.W. OAK RIDGE RD ORLANDO FL 32809

2. Principal Place of Business

1717 C.W. OAK RIDGE RD ORLANDO FL 32809

2. Principal Place of Business 1709 .W. Ock fidge RD		3. Mailing Address 1709 W. OZK Riske Ry		# #ERLUGGE (1) GENY BENY BOTH SOUTH BENGY (100) 11061 (1016) 10161 (016) 81161 (017) 1017 (016)					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			☐ CHEC	K HERE IF MAKIN	NG CHANGES	
City & Stat	do	Florida	On Cours	Florid	la	4. FEt Number 59-3	694126	- · ·	oplied For ot Applicable
32 g	-09	Country U - J.A	32809	Country	A	5. Certificate of Status I	Desired	\$8.75 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CANTIAC	O, YOLAND			Name					
	O, TOLAND			Street A	Address (F	P.O. Box Number is Not Ac	ceptable)		
				-					
UHLANDU	FL 32809	¥		170	19 W	1.02k ligg	e RD		
		₹*		City	01.		F	Zip Cod	e
A The above	named entit	v submite this statement for	the nurrous of shoosing its		KICL	ias		- 1 724	09
the obligat	ions of regist	ered agent.	the purpose of changing its	registered office o	r registere	ed agent, or both, in the St	ate of Florida. I an	n familiar with,	and accept
υ,	ہ (ا	1.00	, t				11 7	12 /1/	
SIGNATURE.	Signature, typed	or printed name of registered agent ar	d title if applicable (NOTE	: Registered Agent signar	hure required a	when reinstation?	017-7	3-01	
		<u> </u>							
		! FEE IS \$150.00 13 Fee will be \$550.00				9. Election Cam	paign Financing	\$5.0	O May Be
		Florida Department of	State			Trust Fund Co			to Fees
10.		OFFICERS AND D		11.		ADDITIONS/CHANGES	TO OFFICERS AN	ID DIDEOTOD	211144
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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.

CITY-ST-ZIP

SIGNATURE必