FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 03, 2002 8:00 am Secretary of State DOCUMENT # P01000012088 09-03-2002 90112 037 \*\*\*550.00 LOS RANCHOS STEAK, SEAFOOD AND CANTINA REST., IN Principal Place of Business Mailing Address 9400 SW 103RD STREET 9400 SW 103RD STREET MIAMI FL 33176 **MIAMI FL 33176** Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 65 - 10813**7** Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOMOZA, JULIO Street Address (P.O. Box Number is Not Acceptable) 9400 SW 103RD STREET 9400 S.W. 103 MIAMI FL 33176 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 obligations of registered agent. SIGNATURE Signature, typed or rinted name of registe 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD Delete TITLE SOMOZA, JULIO NAME NAME STREET ADDRESS 9400 SW 103RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ۷D TITLE Change ☐ Addition NAME SOMOZA, LEONOR NAME STREET ADDRESS 9400 SW 103RD STREET STREET ADDRESS CITY\_ST-ZIP CITY-ST-7IP MIAMI-FL 33176 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGN SIGNATURE AND TYPED