05-01-2002 91518 015 ***150.00
P01000015062

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -3 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P01000015062

1. Entity Name
Paellas.com

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1494 Victoria Isle Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, Florida	City & State
Zip: 33327 Country	Zip Country

4. FEI Number: 04-3595291 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Legal Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1290 Weston Road, Ste #300
City: Fort Lauderdale, Florida FL Zip Code: 33326

8. The above 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, type or print name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required for agent change)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect 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	P,D
NAME	Jorge Luis Fernandez
STREET ADDRESS	1494 Victoria Isle Drive
CITY-ST-ZIP	Weston, Florida 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 an attachment with an address, with all other like empowered.

SIGNATURE: _____ April 16, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone