

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000023689**

1. Entity Name  
**LA ESQUINA TROPICAL RESTAURANT, INC.**

Principal Place of Business

**2045 NW 7TH STREET  
MIAMI FL 33125**

Mailing Address

**2045 NW 7TH STREET  
MIAMI FL 33125**

2. Principal Place of Business

**2300 Coral Way  
Suite, Apt. #, etc.  
Suite # 200**

3. Mailing Address

**2300 Coral Way  
Suite, Apt. #, etc.  
Suite # 200**

City & State  
**Miami, Florida**

Zip  
**33145**

Country  
**US**

City & State  
**Miami, Florida**

Zip  
**33145**

Country  
**IS**

4. FEI Number

**65-1091703**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY SUITE 200  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

**AMADA CANTERA LOPEZ, President**

DATE

**4-26-02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
GARCIA, EUSEBIO  
1400 NW 32ND AVENUE  
MIAMI FL 33125**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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