

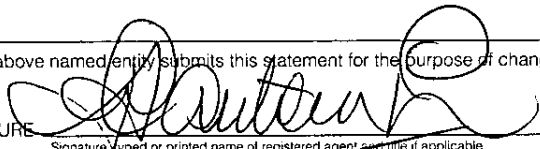
# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90969 028 \*\*\*150.00

**B0057366**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P01000026181			
<b>1. Entity Name</b> DISCO FISH RESTAURANT #2, INC.			
<b>Principal Place of Business</b> 2300 Coral Way Suite 200 Miami, FL 33145		<b>Mailing Address</b> 2300 Coral Way Suite 200 Miami, FL 33145	
<b>2. Principal Place of Business</b> 2300 Coral Way		<b>3. Mailing Address</b> 2300 Coral Way	
Suite, Apt. #, etc. Suite # 200		Suite, Apt. #, etc. Suite # 200	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, Florida	
<b>Zip</b> 33145	<b>Country</b> US	<b>Zip</b> 33145	<b>Country</b> US
<b>6. Name and Address of Current Registered Agent</b> FLORIDA ANNUAL REPORT SERVICES, INC. 2300 Coral Way Suite 200 Miami, FL 33145		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE</b>    <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div> <b>AMADA CANTERA LOPEZ, President</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>3/24/02</b>  <small>DATE</small> </div> </div>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PSTD</b> <b>ALFONSO, LOIDA</b> <b>9899 SW 40th Street</b> <b>Miami, FL 33165</b>	<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (11/00)

**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:**  **3/24/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Loida Alfonso, President