FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90613 002 ***150.00

DOCUMENT # P01000029649

1. Entity Name
CHANGO'S FLORIDA CORPORATION

DO NOT WRITE IN THIS SPACE

851899

2. Principal Place of Business	3. Mailing Address
2100 PONCE DE LEON BLVD	2100 PONCE DE LEON BLVD
Suite, Apt. #, etc.: SUITE 600	Suite, Apt. #, etc.: SUITE 600
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1085104 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARLOS VILLANUEVA
Street Address (P.O. Box Number is Not Acceptable): 2100 PONCE DE LEON BLVD.
SUITE 600
City: CORAL GABLES **FL** Zip Code: 33134

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects 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	DPS
NAME	VIOLA, VALERIA CLAUDIA
STREET ADDRESS	2100 PONCE DE LEON BLVD.
CITY - ST - ZIP	CORAL GABLES, FL 33134

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Valeria Claudia Viola VALERIA CLAUDIA VIOLA 4/29/02 305-377-0812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1