

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000039873

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: AUTHENTIC LATIN CUISINE, INC.

## Current Principal Place of Business:

2121 SE 18TH PLACE  
CAPE CORAL, FL 33990 US

## New Principal Place of Business:

1417 DEL PRADO BLVD  
SUITE 5  
CAPE CORAL, FL 33990 US

## Current Mailing Address:

P. O. BOX 152257  
CAPE CORAL, FL 339152257

## New Mailing Address:

FEI Number: 65-1157843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSADO, MICKEY  
2121 SE 18TH PLACE  
CAPE CORAL, FL 33990 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROSADO, MICKEY  
Address: 2224 FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: S ( ) Delete  
Name: ROSADO, DORIS  
Address: P.O BOX 152257  
City-St-Zip: CAPE CORAL, FL 33915

Title: T ( ) Delete  
Name: GOTAY, JOSE A  
Address: P.O BOX 152257  
City-St-Zip: CAPE CORAL, FL 33915

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROSADO, MICKEY  
Address: P.O BOX 152257  
City-St-Zip: CAPE CORAL, FL 33915

Title: VP (X) Change ( ) Addition  
Name: ROSADO, DORIS  
Address: P.O BOX 152257  
City-St-Zip: CAPE CORAL, FL 33915

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICKEY ROSADO

P

05/01/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date