


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0137920 AT

DOCUMENT # P01000039873

1. Entity Name
AUTHENTIC LATIN CUISINE, INC.



Principal Place of Business
**1417 DEL PRADO BLVD
SUITE 5
CAPE CORAL FL 33990
US**

Mailing Address
**P. O. BOX 152257
CAPE CORAL FL 33915-2257**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 JUN -2 PM 2:04

REINSTATEMENT 03-04



10-21-03 01027 015 \$150.00
88.75
8.75

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1157843**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSADO, MICKEY P.O BOX 152257 CAPE CORAL FL 33915	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP President ROSADO, DORIS P.O BOX 152257 CAPE CORAL FL 33915	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTAY, JOSE A P.O BOX 152257 CAPE CORAL FL 33915	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100023962231 10/21/03--01027--015 **211.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
100023962231 06/21/04--01053--004 **97.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment

PO1000039823

TO DEPARTMENT OF CORPORATIONS

From: Authentic Latin Cuisine, Inc
2121 SE 18th Place
Cape Coral, FL 33920
(239) 573-9222
(239) 246-5549

Please waive our late fee and restate our corporation status due to never received paper forms work for 2003. Thank you for accepting our 2003 fees, we have included our 2004 fees in this check.

\$ ~~178.00~~
88.75
18.75

Thank you,
MCD

Thank you
MAS ENLA (M)