FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAR -8 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041573

1. Entity Name

EL BODEGON FULL SERVICE , INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2360 N.W. 36 Street	2360 N.W. 36 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI
Zip: 33142 / Country: MIAMI DADE	Zip: 33142 / Country: MIAMI DADE

4. FEI Number: 65-1095292 ☐ 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: MAIBELI VALDES

Street Address (P.O. Box Number is Not Acceptable): 2360 N.W. 36 Street

City: MIAMI FL Zip Code: 33142

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: MAIBELI VALDES Maibeli Valdes. 03/05/2002

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, VICE PRESIDENT AND SECRETARY MAIBELI VALDES 2360 NW 36 ST Miami FL 33142	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200005112632--2 -03/18/02--01031--012 ****158.75 ****158.75
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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: Maibeli Valdes 03/05/2002 (305) 638-0868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #