2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90027 017 ***150.00

002977 AV

DOCUMENT # P01000046542

1. Entity Name
OLE MEXICAN RESTAURANT, INC.

Principal Place of Business	Mailing Address
13910 SANDHILL CRANE DR. SOUTH JACKSONVILLE FL 32224	13910 SANDHILL CRANE DR. SOUTH JACKSONVILLE FL 32224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9921 Atlantic Blvd.	9921 Atlantic Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville FL
Zip: 32225 Country: Duval	Zip: 32225 Country: Duval

4. FEI Number 59-3719051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDOZA, JUAN 205 COLUMBIA DR. TALLAHASSEE FL 32304	Name: Yvonne Mendoza Street Address (P.O. Box Number is Not Acceptable): 11131 Bugatti CT City: Jacksonville FL Zip Code: 32246

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 Yvonne Mendoza 4-13-02
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, YVONNE 13910 SANDHILL CRANE DR. SOUTH JACKSONVILLE FL 32224 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, JUAN 205 COLUMBIA DR. TALLAHASSEE FL 32304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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

SIGNATURE: Yvonne M. Mendoza 4-13-02 904-721-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #