2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000050089 DOCUMENT

1. Entity Name

PACO'S PALADAR, INC.



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90091 025 ***150.00

Principal Place of Business 14858 SW 60TH STREET MIAMI FL 33193		Mailing Address 14858 SW 60TH STREET MIAMI FL 33193		S MANGAN AN ARIAN MANGANIN ARIN ARIN ARIN ARIN ARIN ARIN ARIN	(818) (818 181) (88)	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1108855	Applied For Not Applicable	
Zip	Country Zip Cour		Country	5. Certificate of Status Desired See Rec	Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
FERNANDEZ-PERTIERRA , ARMANDO F 14858 SW 60TH STREET MIAMI FL 33193			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
Wardin L 33193			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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					5.00 May Be dded to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 11	
	DEZ-PETIERRA , ARMAN W 60TH STREET	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chai	nge 🗀 Addition	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chai	nge 🗌 Addition	
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TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Char	nge 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. Armando F. F. Lancez Pertierra, President						
SIGNATURE: 3/31/2003 305-387-1109 SIGNATURE AND TYPED OR PRINTED-WAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #						