2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State
02-25-2003 90119 049 ***150.00

DOCUMENT # P01000053715

1. Entity Name
RESTAURANT BACHATA ROSA, CORP.

Principal Place of Business
885 WEST 29TH STREET
HIALEAH FL 33012

Mailing Address
~~18000 N.W. 68TH APT.~~
~~APT 402A~~
~~HIALEAH FL 33015~~
new 4949 S.W 134 AVE MIRAMAR FL 33027

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address 4949 S W 34 AVE

Suite, Apt. #, etc.

City & State MIRAMAR FL

Zip 33027 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1117831 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, MILDRED E
18000 N.W. 68TH APT.
APT 402A
HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name 4949 S.W. 134 AVE

Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33027

City MIRAMAR FL Zip Code 33027

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	CRUZ, MILDRED E R	
STREET ADDRESS	18000 N.W. 68TH APT.402A	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	4949 S W 134 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: X [signature] 1/16/2003 (305) 883-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #