100/A-	UNIFORM BUSI	NESS REPOI	RT (UBR)		1,252	
DOCUMENT # PO1000073024					(0.0	
1. Entity Name				FILED		
Las Maries' Restaurant, Tric				03 APR 17 PM 3: 1	<b>l</b> 4	
Principal Place of Business Mailing Address				SECKETARY OF STATE TALLAHASSEE, FLORID	,	
6209 W. Commercial Bowlevard, Suite 7				TALLAHASSEE, FLORID	A	
Tamerac, FL 33319				10001066521 01/23/0301032026 **150.00		
2. Principal Place of Business Scenul as about Same as about					· · · · · · · · · · · · · · · · · · ·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	X Applied For Not Applicable	
Zip Country S A		ZipCountry				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered A		
Maria L. Castro			Name			
Maria L. Castro 6209 W Commercial Bill.#7			Street Addres	eet Address (P.O. Box Number is Not Acceptable)		
Tamarac, FL 33319 City			P**1	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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE						
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be						
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001: Fe Make Check Payable to						
11.	OFFICERS AND D	PIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PUTSD COSTO	Delete	TITLE	سندور بسان بساء وسادو که وسادو وساع وساد	Change Addition	
NAME STREET ADDRESS	Maria L. Castro 6209 West commercial	BILL #7	NAME STREET ADDRESS	1000106665 04/17/0301039013	21	
CITY-ST-ZIP	Tamarac, FL 33319		CITY-ST-ZIP	- 01010 01010 013	**150.00	
TITLE		Delete	TITLE		Change Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP		☐ Delete	TITLE		Change Addition	
NAME		, Jones ,	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		•	CITY-ST-ZIP		with short the information	
				n Section 119.07(3)(i), Florida Statutes. I further ce the same legal effect as if made under oath; that I 607. Florida Statutes; and that my name appears		

Maria Castro

SIGNATURE:

Please Do 100+ Demove

Lot V

## CBS FINANCIAL, CPA, PA

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

August 1, 2001

Florida Department of State

Division of Corporations

Annual Reports Filings/Reinstatement Section

P.O. Box 6327

P.O. Box 6327 Tallahassee, FL 32314-6327

Re:

Las Marias' Restaurant, Inc.

Form:

2002 Uniform Business Reports

Document #:

P01000073024

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently as his CPA Firm.

During our initial interview with the taxpayer it was discovered that <u>they never received</u> the Florida's 2002 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer has moved and has a new mailing address.

Please find enclosed the properly completed 2002 Uniform Business Reports and a check payable to the Florida Department of State in the amount of \$150.00.

Please abate any late filing fees or other penalties. Las Marias' Restaurant, Inc. did not intend to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely.

Luis A. Escobar, Jr., CPA

Encl.: 2002 Uniform Business Report Cc.: Las Marias' Restaurant, Inc.

P.S. The taxpayer will file the 2003 Uniform Business Report next month (February).