APR-07-03 MON 04:27 AM Marts.Accountins

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90749 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075007

90123460

1. Entity Name
EL PINAR FAMILY, INC.

Principal Place of Business	Mailing Address
801 SOUTH ROYAL POINCIANA BLVD #304 MIAMI SPRINGS, FL 33166	801 SOUTH ROYAL POINCIANA BLVD #304 MIAMI SPRINGS, FL 33166

2. Principal Place of Business	3. Mailing Address
1551 SW 104 PASAGE	1551 SW 104 PASAGE
Suite, Apt. #, etc. #2-214	Suite, Apt. #, etc. # 2-214
City & State Miami - FL	City & State Miami FL 33174
Zip 33174 / Country 33174	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1125364
☐ 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
MOLINA, LUCY 1335 W 49 PLACE HIALEAH, FL 33012	Name: Nuñez Esther Street Address (P.O. Box Number is Not Acceptable): 1551 SW 104 PASAGE #214 City: Miami FL 33174 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: X [signature] 04/25/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will Be $360.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOLINA, LUCY 1335 W 49 PLACE HIALEAH, FL 33012	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NUNEZ, ESTHER 801 S ROYAL POINCIANA BLVD APT 304 MIAMI SPRINGS, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VARELA, NETTY 4120 NW 79 AVE APT 2C MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 04/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #