


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90940 045 \*\*\*158.75

DOCUMENT # **P01000099519**

1. Entity Name  
**DISCOTECA MEXICO LINDO #2, CORP.**



Principal Place of Business  
**3738 PALM BEACH BLVD  
FT MYERS FL 33905**

Mailing Address  
**3738 PALM BEACH BLVD  
FT MYERS FL 33905**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-1152202**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOLINA, EBERT**  
**211 LEE BLVD**  
**LEE HIGH ACRES FL 33936**

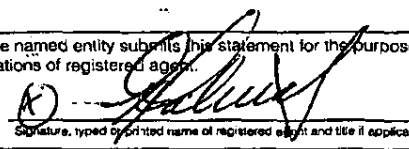
7. Name and Address of New Registered Agent

Name **MOLINA EBERT**

Street Address (P.O. Box Number is Not Acceptable)  
**232 DANBY ROAD**

City **LEE HIGH ACRES** FL Zip Code **33936**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SORIS-YORBELL</b>	
STREET ADDRESS	<b>211 LEE BLVD</b>	
CITY-ST-ZIP	<b>LEE HIGH ACRES FL 33936</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, ZORAIDA ADDYS</b>	
STREET ADDRESS	<b>211 LEE BLVD</b>	
CITY-ST-ZIP	<b>LEE HIGH ACRES FL 33936</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLINA, EBERT DP</b>	
STREET ADDRESS	<b>232 DANBY ROAD</b>	
CITY-ST-ZIP	<b>LEE HIGH ACRES FL 33936</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)