

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91399 043 ***150.00

DOCUMENT # P01000100265

1. Entity Name
LA ZARAGOZANA RESTAURANT, INC.



Principal Place of Business
C/O THE SOLANO GROUP PA
782 NW 42ND AVE SUITE 328
MIAMI FL 33126

Mailing Address
C/O THE SOLANO GROUP PA
782 NW 42ND AVE SUITE 328
MIAMI FL 33126

2. Principal Place of Business
8488 SW 8TH

3. Mailing Address
8488 SW 8TH

Suite, Apt. #, etc.
MIAMI FL

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

Zip
33144

Country
U.S.A

Zip
33144

Country
U.S.A



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-1154514**

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

GUEVARA, HILDA R
8488 SW 8TH STREET
MIAMI FL 33144

Name **JOSE J. FERNANDEZ**

Street Address (P.O. Box Number is Not Acceptable)
2870 SW 132 PL

City **MIAMI**

FL

Zip Code **33175**

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.

T JOSE J. FERNANDEZ

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

04-25-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ **Delete**
NAME **GUEVARA, HILDA R**
STREET ADDRESS **8488 SW 8TH STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **JESUS FERNANDEZ**
STREET ADDRESS **11830 SW 24TH TER.**
CITY-ST-ZIP **MIAMI-FL 33175**

TITLE **PSD** ☐ **Delete**
NAME **GUEVARA, RODO H**
STREET ADDRESS **8488 SW 8TH STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **T** ☒ **Change** ☐ **Addition**
NAME **JOSE J. FERNANDEZ**
STREET ADDRESS **2870 SW 132 Plac.**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-03

Date

305-265-0081

Daytime Phone #

CR2E034 (10/02)