FILED Apr 16, 2003 8:00 am § Secretary of State

04-16-2003 90226 013 ***150.00

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

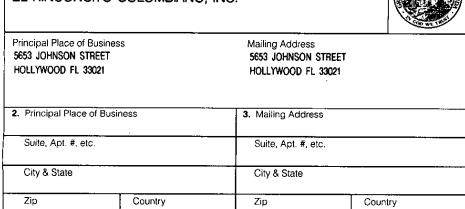
DOCUMENT #

P01000114643

1. Entity Name

EL RINCONCITO COLOMBIANO, INC.





6. Name and Address of Current Registered Agent

☐ CHECK HERE IF MAKING CHANGES		
4. FEI Number 65-0932377	Applied For	
	Not Applicable	
5. Certificate of Status Desired See Required \$8.75 Additional		
7. Name and Address of New Registered Agent		
D. Box Number is Not Acceptable)		

TRONCONE, MONIQUE 499 EAST PALMETTO PARK ROAD SUITE 207 **BOCA RATON FL 33432**

7. Name and Address of New negistered Agent		
Name		
Street Address (P.O. Box Number is N	ot Acceptable)	
City	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

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition BEYODA, ABEL NAME NAME STREET ADDRESS 8454 SW 22ND STREET STREET ADDRESS MIRAMAR FL 33025 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: