4/1/

FILED
May 29, 2002 8:00 am
Secretary of State

04-01-2002 90027 046 ***150.00

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117168

1. Entity Name
LA CUBITA RESTAURANT INC.

Principal Place of Business	Mailing Address
1581 BRICKELL AVE.#1607 MIAMI FL 33129	1581 BRICKELL AVE.#1607 MIAMI FL 33129

2. Principal Place of Business		3. Mailing Address	
3163 SW 8TH STREET		3163 SW 8TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip 33135	Country USA	Zip 33135	Country USA

4. FEI Number 65-0983574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGES, CARLOS
~~1581 BRICKELL AVE.#1607~~
~~MIAMI FL 33129~~

7. Name and Address of New Registered Agent

Name Carlos Pages
Street Address (P.O. Box Number is Not Acceptable) 3163 S.W. 8 St
City Miami FL Zip Code 33135

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 ________ DATE 03-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGES, CARLOS ~~1581 BRICKELL AVE.#1607~~ ~~MIAMI FL 33129~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos Pages 3163 S.W. 8 st Address MIA - Fl 33135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ 03-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #