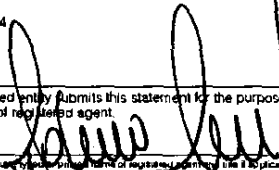
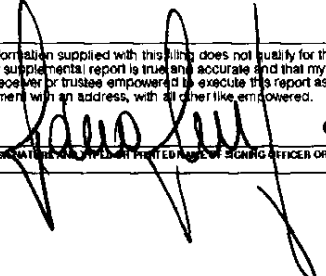


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90231 019 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000000124																																																														
1. Entity Name MAMA CUCHARA RESTAURANTS, INC.																																																														
Principal Place of Business 6035 N.W. 87 AVENUE MIAMI, FL 33178		Mailing Address 6035 N.W. 87 AVENUE MIAMI, FL 33178																																																												
2. Principal Place of Business 11284 NW 66 ST.		3. Mailing Address 11284 NW 66 ST.																																																												
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																												
City & State MIAMI FL.		City & State MIAMI FL.																																																												
Zip 33178	Country DADE	Zip 33178																																																												
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4. FEI Number 80-0006855		☐ Applied For ☐ Not Applicable																																																												
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																																														
6. Name and Address of Current Registered Agent WALKER, MONEQUE S ESQ. 8260 WEST FLAGLER STREET SUITE 1E MIAMI, FL 33144																																																														
7. Name and Address of New Registered Agent Name RUIZ GERMAN P. Street Address (P.O. Box Number is Not Acceptable) 11284 NW 66 ST. City MIAMI FL 33178																																																														
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 04/29/03 (NOTE: Registered Agent's signature required when registering)																																																														
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																														
10. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>PD</th><th>☐ Delete</th></tr></thead><tbody><tr><td>NAME</td><td>RUIZ, GERMAN P</td><td></td></tr><tr><td>STREET ADDRESS</td><td>6035 N.W. 87 AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33178</td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></tbody></table>			TITLE	PD	☐ Delete	NAME	RUIZ, GERMAN P		STREET ADDRESS	6035 N.W. 87 AVENUE		CITY-ST-ZIP	MIAMI, FL 33178		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>☐ Change ☐ Addition</th></tr></thead><tbody><tr><td></td><td>11284 NW 66 ST.</td><td></td><td></td><td></td></tr><tr><td></td><td>MIAMI, FL.</td><td></td><td>33178</td><td></td></tr></tbody></table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition		11284 NW 66 ST.					MIAMI, FL.		33178																																														
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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 signature like empowered. SIGNATURE:  G. MANAGER DATE 04/29/03 305-218-9474 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																														

10103982



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)