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.

10103982

Principal Place of Business	Mailing Address
6035 N.W. 87 AVENUE MIAMI, FL 33178	6035 N.W. 87 AVENUE MIAMI, FL 33178

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11284 NW 66 ST.	11284 NW 66 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL.	City & State: MIAMI, FL
Zip: 33178 Country: DADE	Zip: 33178 Country: DADE

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 Zip Code: 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 [signature] 04/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: RUIZ, GERMAN P STREET ADDRESS: 6035 N.W. 87 AVENUE CITY-ST-ZIP: MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS: 11284 NW 66 ST. CITY-ST-ZIP: MIAMI, FL. 33178	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] G. MANAGER 04/29/03 305.218-9474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #