

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90073 001 ***550.00

DOCUMENT # P02000003434

1. Entity Name
ANTOJOS DE MI TIERRA, CORP.



Principal Place of Business
**7590 NW 186 STREET UNIT 101
MIAMI LAKES FL 33015**

Mailing Address
**7590 NW 186 STREET UNIT 101
MIAMI LAKES FL 33015**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0534645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NARANJO, JUAN G
15038 NW 87 PLACE
MIAMI LAKES FL 33018**

7. Name and Address of New Registered Agent

Name **Hilda Astorga**

Street Address (P.O. Box Number is Not Acceptable)

8855 NW 153 terrace.

City **Miami Lakes**

FL

Zip Code **33018**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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** ☐ Delete
NAME **NARANJO, JUAN G**
STREET ADDRESS **15038 NW 87 PLACE**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **VPS** ☒ Change ☐ Addition
NAME **Juan G Naranjo**
STREET ADDRESS **8855 NW 153 terrace**
CITY-ST-ZIP **Miami Lakes, FL 33018**

TITLE **VD** ☐ Delete
NAME **ASTORGA, HILDA**
STREET ADDRESS **15038 NW 87 PLACE**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **PD** ☒ Change ☐ Addition
NAME **Hilda Astorga**
STREET ADDRESS **8855 NW 153 terrace**
CITY-ST-ZIP **Miami Lakes, FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED

7/28/03

Date

Daytime Phone #

CR2E034 (4/03)