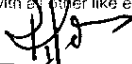


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90210 030 ***150.00

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

DOCUMENT # 701000049237			
1. Entity Name LA ESQUINITA HABANERA CAFETERIA, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 60 NW 61 AVENUE		3. Mailing Address _____ Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State _____ Zip 33126 Country	
4. FEI Number 65-1105526		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name ROSA NIDIA NAZORES			
Street Address (P.O. Box Number is Not Acceptable) 60 NW 61 AVENUE			
City MIAMI FL Zip Code 33126			
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 03/24/03			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D REYES Roberto Delete 85 E 36 STREET MIAMI, FL 33013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D NAZORES ROSA N ADD 60 NW 61 AVENUE MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 03/24/03 305-962-5056	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone *	

CR2E034B (12/02)