

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

FILED

03 DEC 26 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO2000049240*

1. Entity Name

El Mejor Gusto Latino, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16362 N.W. 16th Street

3. Mailing Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines FL

City & State

4. FEI Number

01-0676741

Applied For

Not Applicable

Zip
33028

Country
Miami Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Louderes Reyes

Street Address (P.O. Box Number is Not Acceptable)
16362 N.W. 16th Street

City
Pembroke Pines

FL

Zip Code
33028

**DO NOT WRITE
IN THIS SPACE**

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]

(NOTE: Registered Agent signature required when reinstating)

12/23/03

DATE

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
*PRESIDENT
JOSE BAEZ
16362 N.W. 16th Street
Pembroke Pines, FL 33028*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*SECRETARY
LOUDES REYES
16362 N.W. 16th Street
Pembroke Pines, FL 33028*

TITLE
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CITY - ST - ZIP

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12/30/03-01011-003 **150.00*

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IN THIS SPACE**

JA 12/26

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/03

DATE

Dealing Phone #

CR2E034B (12/02)

December 23, 2003

FL. DEPARTMENT OF STATE
ANNUAL REPORT

TO WHOM IT MAY CONCERN:

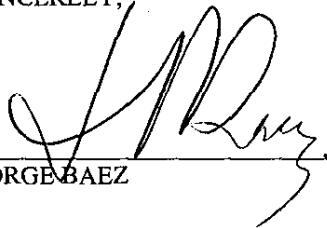
AS PER OUR CONVERSATION BY PHONE PLEASE CHECK YOUR RECORDS AND BE
ADVICE THAT MY CORPORATION: **EL MEJOR GUSTO LATINO, INC.**

DOCUMENT #P02000049240

NEVER RECEIVED THE ANNUAL REPORT FOR THE YEAR 2003. PLEASE ACCEPT OUR
PAYMENT OF \$150.00 AND KINDLY WAIVE ANY PENALTY DUE TO THE FACT THAT WE
NEVER RECEIVED SUCH PAPERS.

ALSO, FIND ENCLOSED THE 2003 ANNUAL REPORT.

SINCERELY,



JORGE BAEZ