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Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90006 025 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000056100

1. Entity Name
BOHEMIO'S RESTAURANT, INC.

90139326

Principal Place of Business
1100-02 NW 119 ST
MIAMI, FL 33168

Mailing Address
1100-02 NW 119 ST
MIAMI, FL 33168

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 68-0509838 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMERO, CARMEN L
1936 NW 29 ST APT #4
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name Miguel A. Luciano
Street Address (P.O. Box Number is Not Acceptable)
2814 NW 17 Ave.
City Miami FL Zip Code 33142

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 Miguel Luciano — 6/5/03
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

TITLE P
NAME BAEZ, MARCOS A
STREET ADDRESS 1100-02 NW 119 ST
CITY-ST-ZIP MIAMI, FL 33168
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Luciano, Miguel A.
STREET ADDRESS / CITY-ST-ZIP 2814 NW 17th Ave. Miami Fl. 33142
☐ Change ☐ Addition

TITLE VP
NAME Ruane Esaul
STREET ADDRESS / CITY-ST-ZIP 2142 NW 35 St. Miami Fl. 33142
☐ Change ☐ Addition

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: Marcos Baez — 6/5/03 — 305-688-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #