

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90207 018 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000056829			
1. Entity Name LATIN PASSION RESTAURANT, INC.			
Principal Place of Business 1355 FLORIDA MALL AVENUE ORLANDO, FL 32809		Mailing Address 1355 FLORIDA MALL AVENUE ORLANDO, FL 32809	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0705775		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, HEIDY 6656 MANGROVE CHASE AVE. ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name MARIA A. SIDEREGETS Street Address (P.O. Box Number is Not Acceptable) 2482 S. CONWAY RD #37 City ORLANDO FL Zip Code 32812	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and state if applicable.		SIGNATURE MARIA A. SIDEREGETS 5/8/03 (NOTE: Registered Agent's signature required when submitting) 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 NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, HEIDY 6656 MANGROVE CHASE AVE. ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESPARZA, MISAEL A 6656 MANGROVE CHASE AVE. ORLANDO, FL 32809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D MARIA A. SIDEREGETS 2482 S. CONWAY RD #37 ORLANDO, FL 32812 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D BARA H. SIDEREGETS 2482 S. CONWAY RD #37 ORLANDO, FL 32812 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 another like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT MARIA A. SIDEREGETS 5/8/03 407-856-0580 Date Daytime Phone #	