


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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90433 017 ***150.00

DOCUMENT # P02000059466
1. Entity Name
PONCE RESTAURANTS, INC.



DO NOT WRITE IN THIS SPACE

80088631

2. Principal Place of Business 25 S.E. 2ND Ave.		3. Mailing Address 25 S.E. 2ND Ave.	
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc. Suite 900	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

4. FEI Number 22-3858633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MURAI WALD BIONDO & MORENO, P.A.
Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2ND Ave. Suite 900
City Miami, FL
Zip Code 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	Director Jose Ortiz c/o Murai Wald Biondo & Moreno P.A. 25 S.E. 2nd Ave., #900, Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rene V. Murai 25 S.E. 2nd Ave, Suite 900 Miami, FL 33131
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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:  **4/9/03** (305) 358-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Rene V. Murai

CR2E034B (12/02)