

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0029912 AV

DOCUMENT # P02000063131



FILED

03 OCT -6 PM 12:35

1. Entity Name  
DON JUAREZ MEXICAN RESTAURANT INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1530-1532 NE 8TH ST. PALM SQUARE  
HOMESTEAD FL 33033

Mailing Address  
14275 SW 287 ST  
HOMESTEAD FL 33033



REINSTATEMENT 03  
 CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
1530-1532 NE 8TH ST  
Palm Square

3. Mailing Address  
14275 SW 287 ST  
Suite, Apt. #, etc.

City & State  
Homestead FL

City & State  
Homestead FL

4. FEI Number  
35-2171214

Applied For  
Not Applicable

Zip  
33033

Country  
USA

Zip  
33033

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALDIVAR, ELVA  
14275 SW 287 ST  
HOMESTEAD FL 33033

Name  
SALDIVAR ELVA  
Street Address (P.O. Box Number is Not Acceptable)  
14275 SW 287 ST  
City  
Leisure City FL Zip Code  
33033

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 *Elva Saldivar*

(NOTE: Registered Agent signature required when reinstating) DATE 9/19/03

**FILE NOW!!! FEE IS \$550.00.**  
After September 10, 2003 Fee will be \$750.00  
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	Owner Elva Juarez Saldivar 14275 SW 287 ST Leisure City FL 33033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023524955 10/03/03--01008--019 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: SIGNATURE OF OFFICER OR DIRECTOR *Elva Saldivar*

DATE 9/19/03 305 247-4712

CR2E034 (4/03)