FILED Jan 21, 2003 8:00 am **Secretary of State**

01-21-2003 90535 004 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT

P02000065857

1. Entity Name

EL FARITO RESTAURANT, CORP.



Principal Place of Business Mailing Address 3300 N.W. SOUTH RIVER DRIVE 3300 N.W. SOUTH RIVER DRIVE MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address 33007N:W. South River David 3300 N.W Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For llani -Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 314 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pelez PEREZ, ALBERTO --Street Address (P.O. Box Number is Not Acceptable) 3300 N.W. SOUTH RIVER DRIVE MIAMI FL 33143 South River City 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, typed or printed name of registered tte if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/02) TITLE Delete TITLE Change ☐ Addition Derez, Almorto PEREZ, ALBERTO NAME NAME 3300 N.W South River Drive 3300 N.W. SOUTH RIVER DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP MIANI-FL TITLE **VSD** ☐ Delete TITI F VSD ☐ Change Addition Perez, Sandra 3300 N.W S NAME PEREZ. SANDRA NAME NW SOUTH RIVER DRIVE 3300 N.W. SOUTH RIVER DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #