

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90046 014 ***150.00

DOCUMENT # P02000070719

1. Entity Name
EL NORTENO BAR, INC.



Principal Place of Business
**507 BELVEDERE ROAD
WEST PALM BEACH FL 33405**

Mailing Address
**507 BELVEDERE ROAD
WEST PALM BEACH FL 33405**



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

02-0628320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**APARLER, SYLVIA ALARCON
4100 S. DIXIE HIGHWAY
SUITE C
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name **Esperanza L. Garcia**

Street Address (P.O. Box Number is Not Acceptable)
507 Belvedere Road

City **West Palm Beach**

FL

Zip Code **33405**

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 *Esperanza L. Garcia*

(NOTE: Registered Agent signature required when reinstating)

DATE **01/09/03**

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 **PD** ☐ Delete
NAME **GARCIA, ESPERANZA L**
STREET ADDRESS **3856 PARKSIDE CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **GARCIA ESPERANZA L.**
STREET ADDRESS **507 Belvedere Road**
CITY-ST-ZIP **West Palm Beach FL 33405**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Esperanza L. Garcia* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **01/09/03** 561-6557535

DATE Daytime Phone #

CR2E034 (10/02)