FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90310 022 ***400.00
06-23-2003 90061 013 ***150.00

DOCUMENT # P02000077311

1. Entity Name
La Bandeja Nica Restaurant Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1665 W 68 ST	1665 W 68 ST
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. # 101
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33014 Country USA	Zip 33014 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2066453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Imelda Tomasa Roa

Street Address (P.O. Box Number is Not Acceptable)
9915 W Okeechobee Rd #5307

City Hialeah FL Zip Code 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST IMELDA TOMASA ROA 1665 W 68 ST #101 Hialeah, FL 33014
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CR2E034B (12/02)

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: X Imelda Roa 6-20-03 305-887-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #