

2003
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91902 003 ***150.00

DOCUMENT # P-02000080844

1. Entity Name

PANADERIA MEXILANA ELTADEO, INC



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80112398

2. Principal Place of Business 640 S Dillard St		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter garden, FL		City & State	
Zip 34787	Country ORANGE	Zip	Country

4. FEI Number 134205064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Lucina buerrero

Street Address (P.O. Box Number is Not Acceptable)
640 S Dillard St

City Winter Garden **FL** **Zip Code** 34787

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 ☐ **\$5.00 May Added to Fee:**

10. OFFICERS AND DIRECTORS			
TITLE D/V	NAME Lucina buerrero	TITLE	NAME
STREET ADDRESS 632 S Boyd St	CITY-ST-ZIP Winter garden, FL 34787	STREET ADDRESS	CITY-ST-ZIP
TITLE D/T	NAME Dscar buerrero	TITLE	NAME
STREET ADDRESS 632 S Boyd St	CITY-ST-ZIP Winter garden, FL 34787	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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 on a attachment with an address, with all other like empowered.

SIGNATURE: *Lucina D. buerrero* **4/30/03 407-654-7333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR