


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0069715 AV

DOCUMENT # P02000085549

1. Entity Name
NEW MEXICO RESTAURANT, INC.



FILED
03 NOV 19 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**801 S. DIXIE HWY.
POMPANO BEACH FL 33060**

Mailing Address
**320 NW 39 STREET
FORT LAUDERDALE FL 33309**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**JOYA, ROSALINA
320 NW 39 STREET
FORT LAUDERDALE FL 33309**

4. FEI Number
13-4206959

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

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	P JOYA, ROSALINA 320 NW 39 STREET FORT LAUDERDALE FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500024862775 11/19/03--01063--014 **150.00
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
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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

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 REQUIRED** *Rosalina Joya* **10/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Alvarado Accounting & Tax Service, Inc.
3475 Sheridan St. Ste. 210
Hollywood, FL 33021
(954) 961-1880 * Fax - (954) 961-7837

October 31, 2003

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Doc# P02000085549

Dear Gentlemen:

Enclosed is a money order for \$150 to cover the annual fee for New Mexico Restaurant, Inc. The reason for this late payment is that the owner moved and She never received the annual report. Also the owner was not aware of the annual filing requirement.

I will appreciate if you honor the above payment since this is the first time the owner is being incorporated, and She will make sure that this will not happen again.

Please consider this reasonable cause and accept the above payment as payment in full.

Thank you for your understanding and cooperation to this matter.

Sincerely,


Mariana Pelletier
Accountant

Enclosed is a money order for \$150 to cover the annual fee for New Mexico Restaurant, Inc. The reason for this late payment is that the owner moved and She never received the annual report. Also the owner was not aware of the annual filing requirement.

Mariana Pelletier