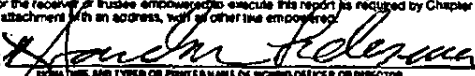


FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 91491 036 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P02000087618		
1. Entity Name RITMO 60 RESTAURANT BAR & GRILL, INC.		
Principal Place of Business 2100 WHISPER LAKES BLVD ORLANDO, FL 32837		Mailing Address 2100 WHISPER LAKES BLVD ORLANDO, FL 32837
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 06-1644088		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additions Fee Required
6. Name and Address of Current Registered Agent LARA, DIEGO 2100 WHISPER LAKES BLVD ORLANDO, FL 32837		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 _____ DATE _____ (Signatures, names of officers or directors must also be supplied. (NOTE: Registered Agent's signature required when it is changed.)		
		9. Election Campaign Financing - Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PTD	☐ Delete
NAME	LARA, DIEGO	
STREET ADDRESS	2100 WHISPER LAKES BLVD	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	VSD	☐ Delete
NAME	LEDESMA, SANDRA L	
STREET ADDRESS	2100 WHISPER LAKES BLVD	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information included with this filing does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information included 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 law employees.		
SIGNATURE:  4/24/03 407-8516589		

55045671



☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)