


2003

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

03-24-2003 90225 028 ***150.00

DOCUMENT # P02000094772	
1. Entity Name MI TIERRA RESTAURANT INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2402 ENTERPRISE ROAD	3. Mailing Address 2402 ENTERPRISE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORANGE CITY FL	City & State ORANGE CITY FL	4. FEI Number 82-0562705	Applied For <input type="checkbox"/> Not Applicable
Zip 32763	Country US	Zip 32763	Country US

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 FELIPE CHINO	
Street Address (P.O. Box Number is Not Acceptable) 2402 ENTERPRISE ROAD	
City ORANGE CITY FL	Zip Code 32763

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's 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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FELIPE CHINO 2402 ENTERPRISE ROAD ORANGE CITY FL 32763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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: FELIPE CHINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 (386) 774-6650

Date

Daytime Phone #

CR2ED34B (12/02)