

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90210 050 \*\*\*150.00

**DOCUMENT # P02000107589**

1. Entity Name  
**LA FIESTA MEXICAN RESTAURANT & LOUNGE, INC.**



Principal Place of Business  
**140 SO. HWY. 17-92  
LONGWOOD FL 32750**

Mailing Address  
**140 SO. HWY. 17-92  
LONGWOOD FL 32750**

2. Principal Place of Business  
**LA FIESTA MEX. REST**  
Suite, Apt. #, etc.

3. Mailing Address  
**140 Hwy 17-92**  
Suite, Apt. #, etc.

City & State  
**Longwood FL**  
Zip  
**32750** Country  
**SEMINOLE**

City & State  
**Longwood FL**  
Zip  
**32750** Country  
**SEMINOLE**

4. FEI Number  
**13-4219059**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLEJAS, GABRIEL**  
**869 BALLARD ST., #1**  
**ALTAMONTE SPRINGS FL 32701-0000**

Name  
**GABRIEL CALLEJAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**869 BALLARD ST. APT #1**  
**ALTAMONTE SPRINGS FL**  
City  
**FL** Zip Code  
**32701**

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

**3/3/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	GABRIEL CALLEJAS	869 BALLARD ST APT 1	ALT SPRINGS FL 32701	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **GABRIEL CALLEJAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/16** 407/478/1473  
Daytime Phone #

CR2E034 (10/02)