

03

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR -7 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000111503

1. Entity Name

THIS IS AN AMENDMENT  
DISTRIBUIDORA LA CUISINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
10 VENETIAN WAY,3. Mailing Address  
10 VENETIAN WAY

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
#1401Suite, Apt. #, etc.  
#1401City & State  
MIAMI FLCity & State  
MIAMI FL

4. FEI Number 52-2385794

Applied For  
Not ApplicableZip  
33139-8833Country  
U.S.A.Zip  
33139-8833Country  
U.S.A.5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name GAUBEKA, JOSU

Street Address (P.O. Box Number is Not Acceptable)

10 VENETIAN WAY, #1401

City MIAMI

FL Zip Code  
33139-8833

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 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	P/S GAUBEKA, JOSU 10 VENETIAN WAY, #1401 MIAMI FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	300013627293 03/05/03 01043 019 **61.25 03/06/03--01043--019 **61.25
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAUBEKA, DOLORES 10 VENETIAN WAY, #1401 MIAMI FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAUBEKA, JESUS 10 VENETIAN WAY, #1401 MIAMI FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAUBEKA, JEANNETTE 10 VENETIAN WAY, #1401 MIAMI FL 33139
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TITLE NAME 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 an attachment with an address with all other like empowered.

SIGNATURE:

PRESIDENT

3/3/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

js 3/7