

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

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90005 011 \*\*\*150.00

DOCUMENT # *P02006127728*

1. Entity Name

*EL INDIO RESTAURANT INC*

**DO NOT WRITE IN THIS SPACE**

**44046034**

2. Principal Place of Business

*3801 NW 17th Ave*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami FL*

City & State

4. FEI Number

*65-0870224*

Applied For

Not Applicable

Zip

*33142*

Country

*U.S.A.*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*PD  
Calero, Raul  
405 E 2657  
NW FL 33013*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

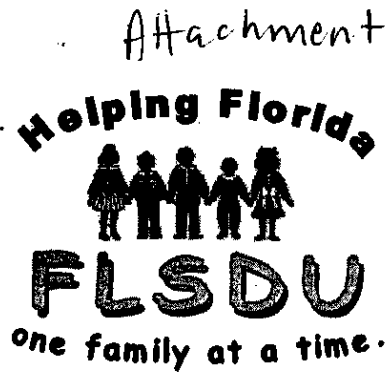
SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*04-30-04*



PO2000127728

44046034

**STATE OF FLORIDA DISBURSEMENT UNIT**

P.O. Box 8500, Tallahassee, Florida 32314

Dear Payer:

We are returning the enclosed check(s) for one or more of the following reasons:

☐ Payments must be made payable to the FLSDU or the Clerk of the Court. Please prepare a new payment to the correct payee and return to the address listed below:

☒ The check was sent to this office in error.

☐ The check is defective and cannot be processed because: \_\_\_\_\_

☐ There was not enough information provided to ensure that the payment(s) is posted to the correct account(s). Please note: since there are duplicate case numbers in the state of Florida, you must provide the payer name, social security number, Florida case number and county code or county name. If the check represents payment to multiple cases, this information must be provided for each case. Be sure to include the amount for each case. Once this information has been added to the check, please return it to the address listed below.

☐ The check appears to represent payments to multiple accounts. However, the total of the check does not balance to the total payments. Please correct the accounts and/or amounts or issue another check for the total of the payments. Send the corrected information to the address listed below.

☐ The check appears to represent payments to multiple accounts. However, there is no amount breakdown provided for each account. Please provide the amount breakdown on the check and return it to the address listed below.

☐ The case information provided is for a child support case that has been closed.

☐ Sorry, we have tried to contact you by phone, but were not able. Please correct the needed information and return for processing (see other below)

☐ Other \_\_\_\_\_

Should you need more information about your child support case(s), please contact the Clerk of the Court for the county where your case was filed.

Thank you for your attention to this matter.

Florida State Disbursement Unit  
P. O. Box 8500  
Tallahassee, FL 32314