


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000133642			
1. Entity Name E/Caracol Restaurant, Corp.			
Principal Place of Business 1934 W. 60 St. Hialeah, Fla. 33012			
2. Principal Place of Business		3. Mailing Address 3835 West 9th	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hialeah, Fla	
Zip	Country	Zip	Country
33012		33012	U.S.A.

FILED

03 MAY -5 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

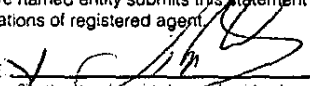


☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3669385		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Ramon Abad 3835 W. 9th Hialeah, Fla. 33012		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **4/30/03**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/O NAME STREET ADDRESS CITY - ST - ZIP	Ramon Abad 3835 W. 9th St. Hialeah, Fla. 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400018838894 05/13/03--01060--021 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addit
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **SIGNATURE REQUIRED**  DATE **4/30/03**