

2006

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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 014 ***150.00

DOCUMENT # P03000033698
1. Entity Name Bodegon del Chef Corp.

DO NOT WRITE IN THIS SPACE

50017687

2. Principal Place of Business 7754 N.W. 46th St. Suite, Apt. #, etc.	3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101
City & State Doral, FL	City & State Miami, FL
Zip 33166-5460	Country USA
Zip 33126-1222	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1876965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable)
7300 N.W. 19th St.
Suite 101
City Miami **FL** **Zip Code** 33126

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 D/P/S/T	TITLE	DO NOT WRITE IN THIS SPACE
NAME Garavito, Ramon	NAME	
STREET ADDRESS 7754 N.W. 46th St.	STREET ADDRESS	
CITY - ST - ZIP Doral, FL 33166	CITY - ST - ZIP	
TITLE	TITLE	
NAME	NAME	
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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 an other-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramon Garavito 04-2106

Date

954-517-1127

Daytime Phone #