2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 4/2

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 91005 034 ***150.00

DOCUMENT # P03000117868

1. Entity Name MYRA'S LATIN RESTAURANT, INC.

DO NOT WRITE IN THIS SPACE

66421895

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
20723 N.W. 2ND. AVE		20723 N.W. 2ND AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI - FL		City & State: MIAMI - FL	
Zip: 33169	Country: USA	Zip: 33169	Country: USA

4. FEI Number 32-0096211 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DE MARCHENA, MYRA

Street Address (P.O. Box Number is Not Acceptable) 20723 N.W. 2ND. AVE

City MIAMI FL Zip Code 33169

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	D	TITLE	
NAME	DE MARCHENA, MYRA	NAME	
STREET ADDRESS	20723 N.W. 2ND. AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: M de Marchena M. DE MARCHENA 4/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #