

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

FILED
May 21, 2007 8:00 am
Secretary of State

04-18-2007 90196 013 ***150.00

DOCUMENT # PO6000023734	
1. Entity Name	
EL ASADOR RESTAURANT INC	

DO NOT WRITE IN THIS SPACE

66015757

2. Principal Place of Business 10201 HAMMOCKS BLVD Suite, Apt. #, etc. # 119 City & State MIAMI, FL Zip 33196-3783		3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0820680	Applied For <input checked="" 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 JANET APICELLA	
Street Address (P.O. Box Number is Not Acceptable) 10201 HAMMOCKS BLVD # 119	
City MIAMI	Zip Code 33196-3783

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANET APICELLA 15125 SW 74TH AVE MIAMI FL 33158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T NORBERTO I BASUALDO 4820 SW 152 PL APT E MIAMI FL 331185	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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERTO I BASUALDO VPT

5/14/2007

Date

305-382-7710

Daytime Phone #