## FILED Jul 28, 2008 8:00 am Secretary of State

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

Zip Country Zip Country 5 Certificate of Status Desired \$8.75 Addition:	DOCUMENT		23734	(02)	7	07-28-2008 90031	018 ***150.00
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 10201 HAMMOCKS BLVD # 119 SAINE Suite, Apt. #, etc.  City & State SAME SAME SAME SAME City & State SAME SAME SAME SAME SAME SAME SAME SAME	1. Entity Name						
2. Principal Place of Business 10/201 HAMMOCKS BLVD # 119  Sulte, Apt. #, etc.  City & State  City & State  City & State  City & State  SAME  SAME  SAME  SAME  SAME  City & State  City & State  City & State  City & State  SAME  SAME  SAME  Country  SAME  Country  SAME  Country  SAME  Country  SAME  JUSA  7. Name and Address of Current Registered Agent Name  ANET APICELLA  Stroet Address (P.O. Box Number is Not Acceptable)  15125 SW 74 AVENUE  15125 SW 74 AVENUE  STORE ADDRESS  CITY STATE  Anter May 1: Fee is \$15100  After May 1: Fee is \$55000  Alter May 1: Fee is \$55000  Alter May 1: Fee is \$55000  After May 1: Fee is \$55000  Alter May 1: Fee is \$50000  Alter May 1:	EL ASADOR REST	AURANT INC					
Sulle, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	DO	NOT WRI	TE IN THIS	SPA	CE	60045533	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE   City & State   City &			3. Mailing Addres	SS			
SAME   SAME   SAME   SAME   SAME   S. Country   S. Certificate of Status Desired   S. Addition   S. Addition   S. Certificate of Status Desired   S. Addition   S. Addition   S. Certificate of Status Desired   Address of Current Registered Agent   Name   S. Certificate of Status   S. Certificate   S. Certificate of Status   S. Certificate   S. Certifi						DO NOT WRITE IN THIS SPACE	
Country   Country   SAME   Country   SAME							
DO NOT WRITE IN THIS SPACE    Sines Address of Current Registered Agent   Sines Address of Control   Sine		1 '	Zip	1	Country		\$8.75 Additional
DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)			1	<del></del>	7. Nam	ne and Address of Current Regis	<del></del>
Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  Chy   In   In   In   In   In   In   In   I		SO NOT				-11A	
City   FL   Zip Code   33158				Str		t Address (P.O. Box Number is Not Acceptable)	
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, 'poed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Exprisered			SPACE	•			
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  Signature, typed or printed name of registered agent and title if applicable.  I STATE ADAPT Fee is \$150.00  After May 1; Fee is \$150.00  After May 1; Fee is \$550.00  After May 1; Fee is \$150.00  After May	<u>.</u>				MIAMÍ	• •	33158
SIGNATURE  Signature, hoped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  January 1 - May 1 - Fee its \$550:00  After May 1 - Fee its \$550:00  Amended USR its \$61:25  Make Chack Payable to Florida Debastment of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33158  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33158  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	8. The above name State of Florida	ned entity submits the lam familiar with	his statement for the pur and accept the obligation	pose of c	changing its regis	stered office or registered agent, or	both, in the
Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstalling)  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  10. OFFICERS AND DIRECTORS  11.  ITILE  NAME  STREET ADDRESS  15125 SW 74TH AVE  STREET ADDRESS  15125 SW 74TH AVE  STREET ADDRESS  15125 SW 74TH AVE  STREET ADDRESS  1711E  NAME  NORBERTO I BASUALDO  STREET ADDRESS  617Y-ST-ZIP  TITLE  NAME  STREET ADDRE	SIGNATURE	.= 1	, ,				
After May 1: Fee is \$550:00  Amended URR is \$61:25  Make Check Payable to Florida Department of State  10.	Sign			e if applicabl	le. (NOTE: Regist	tered Agent signature required when reinstatin	ig) DATE
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ATTACHMENT 60045533

Florida Deparment of State **Division of Corporations** Subject: El Asador Restaurant Inc.

Reference Number PO6000023734

The enclose letter was gave to me by the above customer.

I hope that the Division of Corporations will take the payment check for this year UBR, due to the fact that the owner of the this small restaurant does not know to much about English Language

Yours/Truly,

Accountant