

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

ATX1

<b>DOCUMENT #</b> P060000023734
<b>1. Entity Name</b>
EL ASADOR RESTAURANT INC

**FILED**  
**09 MAR 30 AM 10:48**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 10201 HAMMOCKS BLVD SUITE # 119 Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME AS # 2 Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> SAME AS # 4	
<b>Zip</b> 33196	<b>Country</b> USA	<b>Zip</b> SAME	<b>Country</b> USA

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IN THIS SPACE**

<b>4. FEI Number</b> 76-0820680	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> JANET APICELLA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 15125 SW 74TH AVENUE	
<b>City</b> MIAMI	<b>State</b> FL
<b>Zip Code</b> 33158	

**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**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P APICELLA, JANET 15125 SW 74TH AVE MIAMI FL 33158
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP BASUALDO, NORBERTO I 4820 SW 152 PL APT E MIAMI FL 331185
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**11.**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	600147988906 03/30/09-01050-008 **150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

*Janet Apicella*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2009

Date

Daytime Phone #