

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000027700** ✓

1. Entity Name
LA FIESTA MEXICAN FOODS INC.
 P.O. Box 2475
 LA BELLE, FL 33975

FILED

02 MAR 20 PM 3:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
10 W. HICK POOCHEE AVE. **P.O. Box 2475**
HWY. 80 **LA BELLE, FL 33975**
LA BELLE, FL 33975

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
95-01
65-0400001
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~ANGEL LUNA~~
P.O. Box 2303
LA BELLE, FL 33975

7. Name and Address of New Registered Agent
 Name **HERIBERTO M. LUNA**
 Street Address (P.O. Box Number is Not Acceptable)
102 ANGLE ROAD
 City **FT. PIERCE** FL Zip Code **34947**

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]* **Heriberto Luna** **2-15-02**
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.
 10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PIT/D ANGEL LUNA 785 A ROAD LA BELLE, FL 33935	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500005183675--2 -04/02/02--01061012 ***1800.00 ***1800.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/SID HERIBERTO M. LUNA 110 SUNRISE BLVD. FT. PIERCE, FL 34945	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D FRANCISCO S. CERDA P.O. Box 2475 LA BELLE, FL 33975	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Heriberto Luna** **3-14-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #