

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063236

1. Entity Name
LAS MANANITAS RESTAURANT CORP.

Principal Place of Business
2750 GRIFFIN RD.
FT. LAUDERDALE FL 33312

Mailing Address
2750 GRIFFIN RD.
FT. LAUDERDALE FL 33312

2. Principal Place of Business
3. Mailing Address
87 NE 44 St.

Suite, Apt. #, etc.

2

City & State
Oakland Park FL

City & State

Oakland Park FL

Zip

Country

33334

U.S.A

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90448 032 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0444917 Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORTES, HECTOR L
1791 BLOUNT ROAD
BAY 507
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, HECTOR L 2740 GRIFFIN RD. FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	87 NE 44 St. Suite 2 Oakland Park, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, LUIS F 2740 GRIFFIN RD. FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	87 NE 44 St Suite 2 Oakland Park FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01 954-938-1850

Date

Daytime Phone #

CR2E034 (10/00)