

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

FILED
May 05, 2004 8:00 am
Secretary of State

DOCUMENT # p93000071014

1. Entity Name

EL RINCON HISPANO, INC.

05-05-2004 90236 029 ***150.00

DO NOT WRITE IN THIS SPACE

14021894

2. Principal Place of Business
1204 East 4th Avenue

3. Mailing Address
4030 East 5th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah Florida

City & State
Hialeah Florida 33013

4. FEI Number 65-0444155

Applied For
Not Applicable

Zip 33010

Country U.S.A.

Zip 33013

Country U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RITA MARIA GUERRA

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

4030 East 5th Avenue

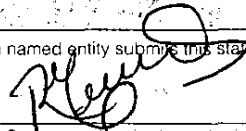
City Hialeah

FL

Zip Code 33013

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



RITA MARIA GUERRA

4/30/2004

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) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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

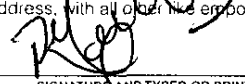
TITLE	DP
NAME	GUERRA, RITA MARIA
STREET ADDRESS	4030 East 5th Avenue
CITY - ST - ZIP	Hialeah FL 33013
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 on an attachment with an address, with all other duly empowered.

SIGNATURE:



RITA MARIA GUERRA

4/30/2004

(305) 888-4799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034R (12/01)