

FILED
Mar 06, 2002 8:00 am
Secretary of State

U1554/25

1. Entity Name
FRITANGA-TORTILLERIA CORP.

Principal Place of Business	Mailing Address
304 S.W. 8TH AVENUE MIAMI FL 33130	304 S.W. 8TH AVENUE MIAMI FL 33130

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

4. FEI Number **65-0581921**

Applied For
Not Applicable

Zip	Country
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Zip

Country

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

6. Name and Address of Current Registered Agent.7. Name and Address of New Registered Agent

HERRERA, MARIA T
3195 W. 72ND TERRACE
HIALEAH FL 33016

Name

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

CityFLZip 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	HERRERA, MARIA R	
STREET ADDRESS	3195 W. 72ND TERRACE	
CITY-ST-ZIP	HIALEAH FL 33016	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP *

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	DATE	TIME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Maria R. Herrera MARIA R. HERRERA 02/12/02 (305) 324-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)