Ongwood FLorida Ongwood FLorida Ongwood FLorida Ongwood FLorida Ongwood FLorida Ongwood FLorida Status S	plied For (Applicable itional
1. Entity Name OGSIS (ubban kestauraht Principal Place of Business Mailing Address 295 S. C.R. 42.7 hongwood, FL 32750 Do Not Write IN THIS SPACE Ophricipal Place of Business 3. Mailing Address QPhricipal Place of Business 3. Mailing Address QPhricipal Place of Business 3. Mailing Address Diagram (Line of Guiness Restaurant) 3. Mailing Address Diagram (Line of Business) 3. Mailing Address Diagram (Line of Business) 3. Mailing Address Diagram (Line of Business) 3. Mailing Address Do Not Write IN THIS SPACE Do Not Write IN THIS SPACE City & State City & State Conney Zip Zip Country Zip Country Zip Country Zip Site Mailing Address Site Mailing Address Site Mail Country Zip Zip Site Mail Country Site Site Country Site Country Site City & Site	plied For (Applicable itional
Principial Place of Business Mailing Address 295 S. C.R. 42.7 Abong Wood, FL 32750 Do Not Write IN This Space Difference NLA 295 S. C.R. 42.7 Suite, Apt. #. etc. Suite, Apt. #. etc. Do Not Write IN This Space City & State NLA Alf. City & State City & State Suite, Apt. #. etc. Do Not Write IN This Space N/A City & State City & State State Ong Wood FLorida Country Zip Solde Apt. #. etc. State Ong Wood FLorida Country Zip Country Zip State State State Wile Apt. #. etc. State B. Name and State of Current Recistered Apent Name and Address of New Registered Agent I. Rack from Call Pay. of Current Recistered Anent Name and Address of New Registered Agent J. Rack from Call Pay. of Current Recistered Anent Strew-Stress (P.O. Soc. Number is Not Acceptable) J. Rack from Call Pay. of Current Recistered Anent Strew-Stress (P.O. Soc. Number is Not Acceptable) J. Rack from Call Pay. of Current Recistered Anent <td< td=""><td>plied For (Applicable itional</td></td<>	plied For (Applicable itional
Principial Place of Business Mailing Address 295 S. C.R. 42.7 Abong Wood, FL 32750 Do Not Write IN This Space Difference NLA 295 S. C.R. 42.7 Suite, Apt. #. etc. Suite, Apt. #. etc. Do Not Write IN This Space City & State NLA Alf. City & State City & State Suite, Apt. #. etc. Do Not Write IN This Space N/A City & State City & State State Ong Wood FLorida Country Zip Solde Apt. #. etc. State Ong Wood FLorida Country Zip Country Zip State State State Wile Apt. #. etc. State B. Name and State of Current Recistered Apent Name and Address of New Registered Agent I. Rack from Call Pay. of Current Recistered Anent Name and Address of New Registered Agent J. Rack from Call Pay. of Current Recistered Anent Strew-Stress (P.O. Soc. Number is Not Acceptable) J. Rack from Call Pay. of Current Recistered Anent Strew-Stress (P.O. Soc. Number is Not Acceptable) J. Rack from Call Pay. of Current Recistered Anent <td< td=""><td>plied For (Applicable itional</td></td<>	plied For (Applicable itional
A DE CONTRA TETT ADDRGWORD, FE 32750 Principal Playe of Business Active State Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. ADLA City & State City &	plied For t Applicable itional
20 Principal Place of Business 3. Mailing Address 20 STS Cuban Restaurant 295 S.C. C. 427 Suile, Apt. #, etc. N/A City & State N/A City & State Country Suile, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE Ongwood FLox ida Country S. Certificate of Status Desired Stress Stress Suite, Apt. #, etc. Stress Stress Ongwood Flow of Country S. Certificate of Status Desired Stress Stress Stress Stress Appl. Stress Ch. 4/27 City & Dongwood FL Zip Stress Stress Stress <td>t Applicable itional</td>	t Applicable itional
Class C. When Kestawart 295 S.C.C. 427 Suile, Apt. #, etc. Ongwood, Florida Ongwood, Florida City & State Ongwood, Florida Country Zip Country Zip Country Zip Country Zip Country State State Country State State State Country Zip Country State St	t Applicable itional
Suite, Apt. #, etc. NA DD NOT WRITE IN THIS SPACE Ongwood FLorida Ongwood, FL Apt. #, etc. Ongwood FLorida Ongwood, FL State Ongwood FLorida Ongwood, FL State Zip Country Zip Country State State State State State State 6. Name and Address of Current Resistered Agent Na State State 7. Name and Address of New Registered Agent Na State State 8. The above named entity-othnits this statement for the purpose of changing its registered office or registered defent, or both, in the State of Florida. Image: State Image: State Stiffer and purpose State State State Image: State Image: State 8. The above named entity-othnits this statement for the purpose of phanging its registered office or registered defent, or both, in the State of Florida. Image: State Image: State Image: State 9. This corporation is eligible to satisfy its Intangible Tax ling requirement and elects to do so. State State State Image: State 11. OFFICERS AND DIRECTORS Iz ADDITIONS/CHANGES TO OFFICERS AND DI	t Applicable itional
City & State City & State 4. FEL Number: 54 - 383 4/1 4/8 Ap 2ip Country Zip Country SA 5. Certificate of Status Desired \$8.75 Add 32750 USA 32 760 USA 5. Certificate of Status Desired \$8.75 Add 6. Name and Marce and Address of Ournert Registered Agent 7. Name and Address of New Registered Agent Status Desired \$8.75 Add 7. Name and Address of Current Registered Agent Name R CM OA Country Street of Status Desired \$8.75 Add 8. The above named entity softwits this statement for the purpose of changing its registered office or registered defent, or both, in the State of Florida. Image: City Address of New Registered Agent Image: City Address of New Registered Agent 8. The above named entity softwits this statement for the purpose of changing its registered office or registered defent, or both, in the State of Florida. Image: City Address of Purpose of Purpose of Changing its registered office or registered agent entities Image: City Address of Purpose of Purpose of State Image: City Address of Purpose of Purpose of Changing its registered office or registered defent, or both, in the State of Florida. Image: City Address of Purpose of Purpose of Purpose of Purpose of Changing its registered office or registered agent entities Image: City Address of Purpose of Purpose of Purpose of Changing Purpose of Changing Purpose of City Addres <td>t Applicable itional</td>	t Applicable itional
Zip Country Zip Country Signature Signat	itional
6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity softwints this statement for the purpose of changing its registered Agent signature regulated Agent signature regulated Agent signature regulated Mann (registered Agent signature regulated Mann (registered Agent signature regulated when registered New Registered Agent signature regulated when registered Agent signature regula	1
Street ADRESS CP. 2010 Street ADRESS CP. 32714 Street ADRESS CP. 3074 Street ADRESS CP. 30744 Street ADRESS CP. 30744 Street ADRESS CP. 30744 Street ADRESS CP. 3074	
345 33750 295 CR 427 10	
MANANA City FL Zip Cade 8. The above named entity solumits this statement for the purpose of changing its registered office or registered defent, or both, in the State of Florida. I// Among A Aulino I// A//// SIGNATURE Signature, typed or printed name of registered agent and til (1 applicable. (NOTE: Registered Agent signature required when reinstaing) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) File NOWINI 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 Added 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$12. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS -12/05/01-01041-0 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS -12/05/01-01041-0 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS *****550.00 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ******550.00 ******550.00 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRE	
8. The above named entity solution is statement for the purpose of changing its registered office or registered detent, or both, in the State of Florida. Image: Control of the State of Florida. 8. The above named entity solution is statement for the purpose of changing its registered office or registered detent, or both, in the State of Florida. Image: Control of the State of Florida. Image: Control of the State of Florida. 8. The above named entity solution. Signature, typed or printed name of registered agent and titlet applicable. Image: Control of the State of Florida. Image: Control of the State of Florida. Image: Control of the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Trust Fund Contribution. \$5.00 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$12. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$12. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$12. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$13.00 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS \$14.000000000000000000000000000000000000	
SIGNATURE Image: Signature, typed or printed name of registered agent and till of applicable. (NOTE: Registered Agent signature required when remistating) 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 Added 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Added 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS File added 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS File added 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS File added 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS File address 11. OFFICERS AND CHARCE Delete TILE -12/05/01-01041-0 12. Address -12/05/01-01041-0 *****\$550.00 *****\$550.00 11. OCO Casco Del Sol Cr. STREET ADDRESS *****\$550.00 *****\$550.00 11. Delete <td< td=""><td>750</td></td<>	750
Signature	
Tax filing requirement and elects to do so. 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 Maded 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Added TITLE OWNER Delete TITLE AMME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. NAME OWNER Delete TITLE AMME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDRESS COS COS DEL SOLCF STREET ADDRESS TITLE -12/05/01-01041-0 Witcomonic Springs, PL 32114 Otry-st-zip STREET ADDRESS CITY-st-zip *****550.00 TITLE Delete TITLE Change	
TITLE Owner Delete TITLE NAME Paulino Delete STREET ADDRESS COSO DEL SOLCH CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete) May Be to Fees
NAME Ramona Paulino NAME -12/05/01-01041-0 STREET ADDRESS COS COS DELSOLCH STREET ADDRESS -12/05/01-01041-0 CITY-ST-ZIP CUTAMONTE Springs, PC, 32714 CITY-ST-ZIP ITTLE Delete TITLE Change	
STREET ADDRESS ICCO Cascy bet solver STREET ADDRESS \$	02 02 0.00
	3.00
NAME 2	Addition
STREET ADDRESS	
CITY-ST-ZIP TITLE Delete TITLE Change	Addition
NAME STREET ADDRESS	
UTY-ST-ZIP	
TITLE . Delete TITLE Change Change	Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change	Addition
STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change	1
AME AMME STREET ADDRESS	Addition
STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP	Addition