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Mar	07,	20	<b>02</b>	8:00	am
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2002	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR

Syles Ago # 600 # 600 # Country	DOCUMENT # P9600052579  1. Entity Name  EL BOHIO RESTAURANT, INC.					Secretary of State 03-07-2002 90035 029 ***150.00			
City & Sision  City & Sision  City & Sision  Country  Zip  Country  Zip  Country  Sity  Si	4651 BABCOCK STREET UNIT #14		4651 BABÇOCK STREET UNIT #14					i	
City & State    City & State   Country   Zip   Country   S. Cardicate of Status Desired   S8,75 Additional Feed   S8,75 Additi	2. Principal F	Place of Business	3. Mailing Address						
SP-338/438   Not Applicable   SP-348/438   Not Applicable   SP-3	Suite, Apt.	#, etc.	<=-Suite;Apt;#;etc;	<u></u>	<del></del>	,	DO NOT WRITE IN THIS	SPACE	n 8
6. Name and Address of Current Registered Agent	City & Stat	e	City & State		<b>4.</b> F	El Number 59-3387438		·	
WALDRON, TOM D ESQ 121 EAST HIBISCUS BOULEVARD MELBOURNE FL 32901  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangelie  17ax tiling requirement and elects to do so   After May 1; 2002 Fee will be \$550.00    After May 2;	Zip	Country	Zip		ry - ,_	5. 0	Certificate of Status Desired		
WALDRON, TOM D ESQ 121 EAST HIBISCUS BOULEVARD MELBOURNE FL 32901  City FL Zip Code  City FL Zip Code  6. 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  Symblar, based or philad rans of lengatered agent and serie its applicable.  ONCIE Registered Agent, or both, in the State of Florida.  SIGNATURE  Symblar, based or philad rans of lengatered agent and serie its applicable.  SIGNATURE  Symblar, based or philad rans of lengatered agent and serie its applicable.  SIGNATURE  Symblar, based or philad rans of lengatered agent and serie its applicable.  SIGNATURE  Symblar, based or philad rans of lengatered agent and serie its applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  After May 1,		6. Name and Address of Current F	legistered Agent		Name	7. N	lame and Address of New Registered	Agent	
121 EAST HIBISCUS BOULEVARD MELBOURNE FL 32901  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida.  SIGNATURE  Signatus, typed or briefly of some of signature data to 1 accidately.  NOTE Registered agent, or both, in the State of Piorida.  Signatus, typed or briefly of some of signature data to 1 accidately.  NOTE Registered agent, or both, in the State of Piorida.  Signatus, typed or briefly of some of signature data to 1 accidately.  NOTE Registered agent, or both, in the State of Piorida.  Signatus, typed or briefly of some of signature data to 1 accidately.  NOTE Registered Agent signature registered agent, or both, in the State of Piorida.  Signatus, typed or briefly of some of signature data to 1 accidately.  NOTE State Note of State Note o	WALDDO!	N TÔM D ESO			name				
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		•			Street Addres	ss (P.O. B	lox Number is Not Acceptable)		
SIGNATURE Signature, injust or piritade name of inegratived regions and time it applications in the state of Florida.  SIGNATURE Signature, injust or piritade name of inegratived regions and time it applications.  9. This corporation is eligible to satisfy its Intrangible (See criferion thank) Tax string requirement and elects to do 50									
SIGNATURE    Signature, typaid or prifest name of registrored agent and size it applications. (NOTE: Regulating Agent signature required which remotaling):   DATE	MELDOOF	INC 1 C 02301			City		FI	Zip Code	9
9. This corporation is eligible to satisfy its Intanglole TAX filling required from the decise to do so After May 1, 2002. Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE GABRIEL, AGUILAR SIREET ADDRESS OTH'S ST-ZIP  TITLE  SD JAMARIS, AGUILAR STREET ADDRESS OTH'S ST-ZIP  TITLE  PD GAGUILAR, GABRIEL, STREET ADDRESS OTH'S ST-ZIP  TITLE  TD GAGUILAR, GABRIEL, STREET ADDRESS STREET A	8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or regis	stered age	ent, or both, in the State of Florida.	٠. إ	3 (10)
9. This corporation is eligible to satisfy its Intanglole TAX filling required from the decise to do so After May 1, 2002. Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE GABRIEL, AGUILAR SIREET ADDRESS OTH'S ST-ZIP  TITLE  SD JAMARIS, AGUILAR STREET ADDRESS OTH'S ST-ZIP  TITLE  PD GAGUILAR, GABRIEL, STREET ADDRESS OTH'S ST-ZIP  TITLE  TD GAGUILAR, GABRIEL, STREET ADDRESS STREET A					_	_	•		
9. This corporation is eligible to satisfy its Intangible Tax tilling requirement and elects to do so   After May 1, 2002 Fee will be \$550.00   After May 1, 2002 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees Added to Fees Will be \$550.00   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Added to Fees Will be \$550.00   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Added to Fees Will be \$550.00   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Added to Fees Will be \$550.00   Trust Fund Contribution.   Trust Fund Contribution.   Trust Fund Contribution.   Trust Fund Contribution.   Addition Fund Fund Fund Fund Fund Fund Fund Fun	SIGNATURE .	Canal	(1)075	C D=-interes		J. J. L	DATE	` -	
Tax filing requirement and elects to do so.   After May 1, 2002 Fee will be \$55.0.00   (See criteria on back)   Control on back		Signature, typed or printed name of registered agent ar				niced when tel	instating) DATE		
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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			his filing does not qualify for			Section 1	19.07(3)(i) Florida Statutes I further on	ertify that the in	nformation

**SIGNATURE:**