

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90378 047 \*\*\*150.00

**DOCUMENT # P96000081563**

1. Entity Name  
**LA ESQUINA CALIENTE, INC.**

**551129**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**13290 NW 43 AVENUE**      **13290 NW 43 AVENUE**  
**OPA LOCKA FL 33054**      **OPA LOCKA FL 33054**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0704997**      Applied For  
Not Applicable

Zip      Country      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**

**DEMORIZI, YOHANI**  
**15650 BULL RUN RD**  
**MIAMI LAKES FL 33014**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
*14300 Alamanda Ave.*  
*Miami Lakes*      **FL**      Zip Code *33014*

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

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	<b>P</b> <b>DEMORIZI, YOHAN</b> <b>14300 ALAMANDA AVE.</b> <b>MIAMI LAKES FL 33014</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <i>Demorizi Yohan</i> <i>14300 Alamanda Ave</i> <i>Miami Lakes, FL 33014</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FEBLES, ARMANDO</b> <b>11540 SW 2ND ST #101</b> <b>MIAMI FL 33174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SIT</i> <i>Febles, Armando</i> <i>14300 Alamanda Ave.</i> <i>Miami Lakes, FL 33014</i>
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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: *Yohan Demorizi*      1/23/01 6881606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CP2E034 (10/00)