2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State
05-24-2002 91338 046 ***150.00

DOCUMENT # P97000017368

1. Entity Name
La Hacienda Restaurant, Inc.

[redacted]

2. Principal Place of Business	3. Mailing Address 2790 N.W. 7 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Miami, Fla.
Zip / Country	Zip 33120 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0879006 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name Adolfo Molina
Street Address (P.O. Box Number is Not Acceptable) 2790 N.W. 7 St.
City Mia. FL Zip Code 33120

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 [signature] (NOTE: Registered Agent signature required when reinstating) 6/14/02 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	P/D	TITLE	
NAME	Adolfo Molina	NAME	
STREET ADDRESS	70 E. 44 St.	STREET ADDRESS	
CITY-ST-ZIP	Hia. Fla. 33013	CITY-ST-ZIP	
TITLE	V.P/D	TITLE	
NAME	Francisca Molina	NAME	
STREET ADDRESS	70 E. 44 St.	STREET ADDRESS	
CITY-ST-ZIP	Hia. Fla. 33013	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Francisca Molina — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/30/02 Date — Daytime Phone #