

MAY 15 2000 11:33AM

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000030882

1. Entity Name

L. H. RESTAURANTS INC.

Principal Place of Business

Mailing Address

8 WEST FLAGLER ST.
MIAMI, FL 33130

8 WEST FLAGLER ST.
MIA. FL 33130

2. Principal Place of Business

8 WEST FLAGLER STREET
Suite, Apt. #, etc.

3. Mailing Address

8 WEST FLAGLER ST.
Suite, Apt. #, etc.

City & State
Miami, Florida.

City & State
Miami Florida.

4. FEI Number

65-0744015

Applied For

Not Applicable

Zip
33130

Country
U.S.A.

Zip
33130

Country
U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Ramiro Uribe
1800 NE 114 St Suite # 811
North Miami FL 33181

Name

Ramiro Uribe

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

1800 NE 114 St Suite # 811

City North Miami FL 33181

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, typed or printed name of registered agent and date of application.

(NOTE: Registered Agent signature required when amending)

DATE

5/15/2000

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contributor.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME Ramiro Uribe
STREET ADDRESS 1800 NE 114 St Suite 811
CITY-ST-ZIP North MIA FL 33181

TITLE D
NAME JUAN CARLOS SERRANO
STREET ADDRESS 1800 NE 114 St Suite 811
CITY-ST-ZIP N. MIAMI 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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(2)(b), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/15/2000 305/374187

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PS 2 of 2

L.H. Restaurants, Inc.
D/B/A Latin House Restaurant

May 13, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: L.H. Restaurants, Inc.
P97000030882

Dear Sir/Madam:

It has come to our attention that our corporation is inactive as of last year. Although we did submit our payment and report timely during the renewal period, it was placed in an inactive status due to the fact we had the same corporation as a registered agent of the corporation. We never received documentation to that effect.

After speaking on the telephone with Leslie at your offices, she indicated we are to submit this letter naming our correct registered agent, and to include a payment of \$ 150.00, for the renewal of the corporation for the year 2000. She indicated that after doing this our corporation would be re-instated and be current.

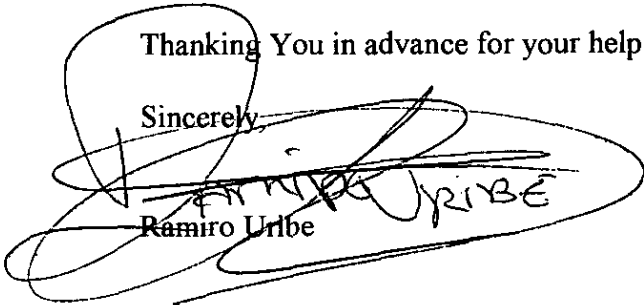
Our registered agent will be: Ramiro Uribe
1800 NE 114 ST
Suite 811
North Miami, FL 33181

Also, please verify our mailing address with the one at the bottom of this letter.

Should you have any questions or comments do not hesitate to contact me at the numbers below.

Thanking You in advance for your help in this matter, I remain

Sincerely,


Ramiro Uribe