

2001 UNIFORM BUSINESS REPORT (UBR)

0181782

DOCUMENT # P97000062480

1. Entity Name
EL ACAJUTLA RESTAURANT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 APR 30 PM 12:01

Principal Place of Business
**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

Mailing Address
**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2300 Coral Way
Suite, Apt. #, etc.
Suite # 200
City & State
Miami, Florida

3. Mailing Address
2300 Coral Way
Suite, Apt. #, etc.
Suite # 200
City & State
Miami, Florida

4. FEI Number **65-0771884** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country
33145 US 33145 US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY SUITE 200
MIAMI FL 33145

Name
Street Address (P.O. Box Number is Not Acceptable)
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 **AMADA CANTERA LOPEZ, President**

4/12/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELEON, DOUGLAS 500 NW 40TH STREET OAKLAND PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LEMUS, CLEMENTE J 3800 SW 16TH STREET FT. LAUDERDALE FL 33312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **AMADA CANTERA LOPEZ, President**

4/12/01
Date

Daytime Phone #

CR2E034 (10/00)