2000 UNIFORM BUSINESS REPORT (UBR)

6/20/00-90006-032-$150.00-$150.00

DOCUMENT # P97000090159

1. Entity Name

Que PASA! Miami, Inc.

Principal Place of Business: 1393 SW 1st St. Suite 420 Miami, Fl. 33135-2321

Mailing Address: Same

FILED
00 AUG 21 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
D00064328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1393 SW 1st St
Suite, Apt. #, etc.: 420
City & State: Miami, Fl.
Zip: 33135 Country: U.S.A

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-0802952 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Jose R. Alfonso
~~11790 SW 18 St #530~~
Miami, Fl. 33175

7. Name and Address of New Registered Agent

Name: Jose R. Alfonso
Street Address (P.O. Box Number is Not Acceptable): 11790 SW 18 St #530
City: Miami FL Zip Code: 33175

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] Jose R. Alfonso 6/13/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Jose R. Alfonso		NAME		
STREET ADDRESS	11790 SW 18 St #530		STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33175		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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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: [signature] Jose R. Alfonso 6/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #