

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90088 012 ***150.00

DOCUMENT # P97000100182



1. Entity Name
RESTAURANTE SALVADORENO, INC

Principal Place of Business
7130 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068
US

Mailing Address
7130 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068
US



2. Principal Place of Business
7130 Kimberly Blvd
Suite, Apt. #, etc.

3. Mailing Address
7130 Kimberly Blvd
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
N. Lauderdale FL
Zip Country
33068 U.S.A

City & State
North Lauderdale FL
Zip Country
33068 U.S.A

4. FEI Number 65-0795719
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ARGUETA, ROSA N
6180 S.W. 4TH PLACE
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name Rosa Argueta
Street Address (P.O. Box Number is Not Acceptable)
~~6700 SW 7130 Kimberly~~
Blvd
City North Lauderdale FL Zip Code 33068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Rosa Argueta*

5-27-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ARGUETA, ROSA	7130 KIMBERLY BLVD	NORTH LAUDERDALE FL 33068	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Rosa Argueta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-03

954-724-4746
Daytime Phone #

CR2E034 (10/02)