2003 FOR PROFIT CORPORATION

FILED Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P98000007092 DOCUMENT # 1. Entity Name 03-17-2003 91079 045 ***150.00 ORESTE'S CAFETERIA & RESTAURANT INC. Principal Place of Business Mailing Address 7939 W 28 AVE 7939 W 28 AVE HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0807064 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRERA, JOSE O Street Address (P.O. Box Number is Not Acceptable) 14473 NW 87TH PL **MIAMI FL 33018** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE [] Change Addition HERRERA, JOSE O NAME NAME STREET ADDRESS 14473 NW 87TH PL STREET ADDRESS MIAMI FL 33018 CITY-ST-ZIP CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TABARES, PRAXEDES 14473 NW 87TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33018 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition

12. Thereby certify that the information supplied with this filling 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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Change

☐ Addition