

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90095 038 \*\*\*150.00

DOCUMENT # **998000032337**  
 Entity Name  
**El BOSQUECITO Restaurant y TABERNA, INC**

Principal Place of Business Mailing Address  
**308 COLLINS AVE**  
**MIAMI BEACH, FL 33141**

Principal Place of Business 3. Mailing Address  
 State, Apt #, etc. Suite, Apt #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0826758** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**MARLENE CABERES**  
**308 COLLINS AVE.**  
**MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

The above named entity signed this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE *Mark Pauer* (NOTE: Registered Agent signature required when re-registering) DATE

This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elect 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

NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>P</b> <b>CABERES, MARLENE</b>	<b>10250 S.W. 102 AVE</b>	<b>MIAMI, FL 33157</b>	<input type="checkbox"/>
<b>US</b> <b>MADIN, JULIAN</b>	<b>12370 S.W. 185 TERR.</b>	<b>MIAMI, FL 33177</b>	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 11

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.

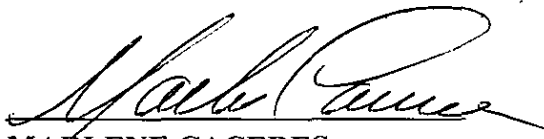
SIGNATURE: *Mark Pauer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
D# 198 UUW32337  
DU78636

Division of Corporations  
P.O. BOX 6327  
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **MI BOSQUECITO RESTAURANT Y TABERNA, INC** . Thank you for your courtesy in this matter.



**MARLENE CACERES**  
President