2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000069452 1. Entity Name					FILED Jan 14, 2000 8:00 am			
MR. CHEF'S PAELLA, INC.					Secretary of State 01-14-2000 90046 030 ***150.00			
Principal Place	e of Business	Mailing Address			01-14-2000	30040 030	130.00	,
3142 N.W. 32NI MIAMI FL 3314		3142 N.W. 32ND STREET MIAMI FL 33142-5711						
 Principal Pl 14533 	N.W. 87 PLACE	3. Mailing Address 14533 N 0	U 87 F	LACÉ				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT W	/RITE IN THIS SP		
City & State MIAMI, FL.		City & State HIAMI, FL.		4. F	65-0857	086		plied For t Applicable
^{Zio} 33 <i>o</i>		33018 -	DA d É	* '	ertificate of Status Desire	° □ Fe	8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent	Name		ame and Address of Nev	N Registered Ag	ent	·
ROS	ARIO, MARINO A			ROSAR	·	<u> </u>		
3142 N.W. 32ND STREET				ddress (P.O. Bo	x Number is Not Accepta	87 PLI	ac <i>e</i>	
MIAN	Al FL 33142		City				Zip Code	
				MIAMI			Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or	registered age	nt, or both, in the State of	Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE. I	Registered Agent signati	ure required when rei	nstating)	01-08-	00	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable		550.00	10. Election Campaign Trust Fund Contribu			O May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.		OITIONS/CHANGES TO C			
TITLE NAME	PVST ROSARIO, MARINO A	☐ Delete	TITLE NAME	PUST	O MARINO	Δ	Change	Addition
STREET ADDRESS CITY-ST-ZIP	3142 N.W. 32ND STREET MIAMI FL 33142		STREET ADDRESS CITY-ST-ZIP	MIAM		ักท 8. อาช	7 PLAC	, E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, MARINO A 3142 N.W. 32ND STREET MIAMI FL 33142	· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		10 MARINO NW 87 PLA FL. 33018		Change	Addition
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NAME			NAME					
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TITLE	****	☐ Delete	TITLE			(Change	Addition
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NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, a	true and accurate and that my owered to execute this report a	z signature shall h	lave the same l	eoal effect as if made und	ier oath: that I am	n an officer	or director