

# 2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

**FILED**

01 AUG -9 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b>		P98000070403					
1. Entity Name		LOS BOHIOS TABERNA SPORT RESTAURANT INC.					
Principal Place of Business			Mailing Address				
6854 NW 169th St. Miami Lakes, FL 33015			6850 NW 169th St. Miami Lakes, FL 33015				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			4. FEI Number	
						65-0867740	
Zip			Country			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CARVAJAL, REYNALDO 6854 N.W. 169th Street Miami Lakes, FL 33015				Name			
				Gonzalez, Olga L.			
				Street Address (P.O. Box Number is Not Acceptable)			
				6854 NW 169th Street Miami Lakes, FL 33015			
				City			
				FL			
				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.							
SIGNATURE <u>Olga L Gonzalez</u> <i>Olga Gonzalez</i> 8-8-2001							
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. <input type="checkbox"/> (See criteria on back)			<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>			10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD			TITLE	PD		
NAME		CARVAJAL, REYNALDO <input checked="" type="checkbox"/> Delete		NAME		PARRA, LINA M. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		6854 NW 169 St		STREET ADDRESS		12854 nw 11th Lane	
CITY-ST-ZIP		Miami Lakes, FL 33015		CITY-ST-ZIP		MIAMI, FL 33182	
TITLE	V	GONZALEZ, OLGA L <input type="checkbox"/> Delete		TITLE			
NAME		6995 NW 169th St Apt E 107		NAME		300004533943-6	
STREET ADDRESS		Miami, FL 33015		STREET ADDRESS		-08/14/01-01048-036	
CITY-ST-ZIP				CITY-ST-ZIP		*****62.00 *****62.00	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		L3	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

CR2E034 (9/99)