

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087813

1. Entity Name

TORTILLERIA & FRITANGA LAS TINAJAS INC.

Principal Place of Business

13925 S.W. 66TH STREET  
MIAMI FL 33183

Mailing Address

13925 S.W. 66TH STREET  
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0863759

Applied For:

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENDIETA, PEDRO  
15433 S.W. 68TH LANE  
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name MARCIA SOLAZZANO

Street Address (P.O. Box Number is Not Acceptable)

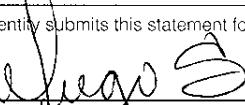
15433 S.W. 68 LANE

Miami FL 33193

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.

SIGNATURE: 

Signature, typed or printed name of reg. stored agent, and etc if applicable.

(NOTE: Registered Agent: signature required when reinstating)

DATE: 3-15-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D - P-T  
NAME MENDIETA, PEDRO  
STREET ADDRESS 15433 S.W. 68TH LANE  
CITY-ST-ZIP MIAMI FL 33193

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE D - V P - S  
NAME MARCIA SOLAZZANO  
STREET ADDRESS 15433 S.W. 68 LANE  
CITY-ST-ZIP Miami FL 33193

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90321 039 \*\*\*150.00

00040100



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Date

Daytime Phone #