2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUL 11 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004494605--6
-07/25/01--01013--004
****150.00 ****150.00
500004494605--6
-07/25/01--01013--005
****158.75 ****158.75

2000-2001 UBR

DOCUMENT # P99000029698

1. Entity Name

LA SULTANA HOME OF COLOMBIAN FOOD, INC.

Principal Place of Business	Mailing Address
4841 N.W. 7th ST APT 303 MIAMI, FL. 33126	4841 N.W. 7th ST. APT 303 MIAMI, FL. 33126

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

4. FEI Number
65-0924207
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMBERTO ALVAREZ
230¥1/2 31 CT
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name
ADRIANA ALVAREZ
Street Address (P.O. Box Number is Not Acceptable)
4841 N.W. 7th st Apt 303
City
MIAMI
FL
Zip Code
33126

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 Adriana
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. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS ADRIANA ALVAREZ 4841 N.W. 7 ST. APT 303 MIAMI, FL. 33126	☐ Delete	DPS ADRIANA ALVAREZ 4841 N.W. 7 ST APT 303 MIAMI, FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUMBERTO ALVAREZ 230 1/2 31 CT WEST PALM BEACH, FL 33407	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

150.00 - AR only
158.75 - Vals AR/158
Give same track #

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: Adriana ADRIANA ALVAREZ PRESIDENT 6/17/01 305-446-8047