APR-15-02 MON 11:43 AM LAZARUS CORPORATION FAX:3052201440

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90150 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029698

1. Entity Name

LA SULTANA HOME OF COLOMBIAN FOOD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4545 N.W. 7th ST.
Suite, Apt. #, etc.
City & State: MIAMI
Zip: 33126 Country: MIAMI DADE

3. Mailing Address: 4545 N.W. 7th ST.
Suite, Apt. #, etc.
City & State: FLORIDA
Zip Country

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of Current Registered Agent
Name: ADRIANA ALVAREZ
Street Address (P.O. Box Number is Not Acceptable): 4841 N.W. 7TH APT 303
City: MIAMI FL Zip Code 33126

DO NOT WRITE IN THIS SPACE

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 x [signature] 4/15/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS ADRIANA ALVAREZ 4841 N.W.7th ST. No.303 MIAMI, FLORIDA 33126	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] ADRIANA ALVAREZ PRES/ 4/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #