


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90096 043 \*\*\*150.00

**DOCUMENT # P99000035507**

1. Entity Name  
**LA TIENDA DE LOS ANTOJOS RESTAURANT Y TABERNA IN C.**



Principal Place of Business  
**11730 BISCAYNE BOULEVARD  
MIAMI FL 33181**

Mailing Address  
**11730 BISCAYNE BOULEVARD  
MIAMI FL 33181**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**16899 N. E. 15th Avenue**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**North Miami Florida**

4. FEI Number  
**65-0912179**

Applied For  
 Not Applicable

Zip Country  
**33162 USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**AZAVZ, LUIS  
7225 NW 25TH ST STE300 -  
SUITE 21 -  
MIAMI FL 33155**

7. Name and Address of New Registered Agent  
Name  
**Marlene C. Urmendiz**  
Street Address (P.O. Box Number is Not Acceptable)  
**16899 N. E. 15th Avenue**  
City  
**North Miami** FL Zip Code  
**33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **03-09-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~FILE NOW!!! FEE IS \$150.00~~  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>URMENDIZ MARLENE C - 11730 BISCAYNE BOULEVARD - MIAMI FL 33181</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Marlene C. Urmendiz 16899 N. E. 15th Avenue North Miami Beach Florida 33162</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **03-09-03** 305-940-8711

Signature and typed or printed name of signing officer or director

CR2E034 (10/02)