

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90074 012 \*\*\*150.00

**DOCUMENT # P99000039704**

1. Entity Name  
**EL PIRATA MEXICAN RESTAURANT, INC.**



Principal Place of Business  
**1715 E. OAK ST.  
ARCADIA FL 34266**

Mailing Address  
**1715 E. OAK ST.  
ARCADIA FL 34266**



☐ CHECK HERE IF MAKING CHANGES

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

3. Mailing Address  
**1715 E OAK ST**  
Suite, Apt. #, etc.

City & State  
**Arcadia**

City & State  
**FLA**

4. FEI Number  
**59-3579791**

Applied For  
Not Applicable

Zip  
**34266** Country  
**Des to**

Zip  
**FL** Country  
**FL**

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

**6. Name and Address of Current Registered Agent**

**WALDRON, EUGENE E JR.  
124 N. BREVARD AVE.  
ARCADIA FL 34266**

**7. Name and Address of New Registered Agent**

Name **Waldron Eugene JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**124 - Brevard Ave**  
City **Arcadia** FL Zip Code **34266**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **01-06/03**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>BARRAGAN, DORA M<br>1715 E. OAK ST.<br>ARCADIA FL 34266<br><b>Owner</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BARRAGAN, JUAN M<br>1715 E OAK STREET<br>ARCADIA FL 34266<br><b>CO owner</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Barragan Dora M<br>1715 E OAK ST<br>Arcadia FL 34266<br><input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Barragan Juan Manuel<br>1715 E OAK ST<br>Arcadia FL 34266<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 807, 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: **D. Barragan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/06/03** Daytime Phone # **993-2293**

CR2E034 (10/02)