\*\_\_CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

Principal Place of Business

2665 S. BAYSHORE DRIVE. STE. 703

P99000065035

1. Entity Name

CHURROMANIA INTERNATIONAL CORP.



FILED

03 MAY -2 PM 3:57

SECHLIARY OF STATE TALLAHASSEE, FLORIDA

Mailing Address

2665 S. BAYSHORE DRIVE, STE. 703

MIAMI FL 33133 MIAMI FL 33133								- 34.			4. 34			
							}	} <b>}   1</b>						
2. Principal Place of Business			3. Mailing Address						1 <b>46</b> 1 (18 1814 (1811)				1181   111   1881	
444 Brickell Avenue														
Suite, Apt. #, etc.			Suite, Apt. #, etc.				}	☐ CHECK HERE IF MAKING CHANGES						
Suite City & State	9		City & State				4	4. FEI Number 65-0955487 Applied For					plied For	
Miami, Florida			<u> </u>						65-095	5487 			Applicable	
Zip <b>33131</b>		Country <b>USA</b>	Zip		Coun	Country						.75 Additional Required		
	6. Name	and Address of Current I	Registered Agent				7. Name and Address of New Registered Agent							
						Name								
		E SERVICES, INC.				Street Address (P.O. Box Number is Not Acceptable)								
		DRIVE, STE. 703				L <del></del>		<del></del>						
MIAMI FL	33133													
						City				F	∟	Code	<b>;</b>	
	named entitions of regist	y submits this statement for ered agent.	the purp	ose of changing its	registere	ed office of	r registered	agent, or bo	th, in the State	of Florida. I an	ı familiar	with, a	and accept	
SIGNATURE _	SIGNATURE													
FILE NOWILL FEE IS \$150.00														
After	May 1, 200	3 Fee will be \$550.00							ection Campa ust Fund Conti				May Be to Fees	
Make Check	Payable to	State												
10.	<b>D</b>	OFFICERS AND (	DIRECTO		11.		1 /	ADDITIONS,	/CHANGES TO	OFFICERS AN				
TITLE NAME	DP ACOSTA	RUBIO, ARIEL		☐ Delete	, TITLE NAMI		ł				☐ Cha	ınge	☐ Addition	
STREET ADDRESS		BAYSHORE DR. #703				ET AUDRESS								
CITY-ST-ZIP	MIAMI FL				CITY	-ST-ZIP	,							
TITLE	DT		•	☐ Delete	TITLE			E	000	17918	3:92	njie,	Addition	
NAME	BRAVO, I				NAMI			05/0	02/03(	01:08501	.1 **	¥129	31.25	
STREET ADDRESS CITY-ST-ZIP	SS   2665 S BAYSHORE DRIVE STE 7   MIAMI FL 33133					ET ADDRESS -ST-ZIP								
TITLE	DS DS	. 33133		Delete	TITLE		5/5	<del></del>			<b>k</b> Cha	—	☐ Addition	
NAME	BRAVO, I	MIQUEI		CT Odiele	NAME		D/S Bravo	Migue	,1		ją, on	90		
STREET ADDRESS		AYSHORE DR STE 703			STRE	ET ADORESS	2665	Rave	shore ' o	ciso #70	12			
CITY-ST-ZIP	MIAMI FL				CITY	-ST-ZIP	Miami,	, Fl. 3	3133	rive,_#70	,3			
TITLE	AS			Delete	TITLE						☐ Cha	ınge	Addition	
NAME		S, TIMOTHY D	700		NAM									
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	AYSHORE DRIVE STE 7	703			ET ADDRESS - ST-ZIP	}							
TITLE	IAINVIAII I C	. 30100		□ Delete	TITLE		<del> </del>		<del></del>		Cha	anne	Addition	
NAME				L Delete	NAMI			$\Lambda \Lambda$				95		
STREET ADDRESS						ET ADDRESS	1 Nh	5 / K						
CITY-ST-ZIP					CITY-	-ST-ZIP	177	<u> </u>		_ <del></del>				
TITLE		<del></del>		☐ Celete	TITLE		W				☐ Cha	ınge	☐ Addition	
NAME		-			NAME		1 /	\					j	
STREET ADDRESS CITY-ST-ZIP						et address -St-Zip								

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 leport 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 of trustee empowered tolevecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachmen

SIGNATURE:

Ariel Acosta-Rubio ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 (305) 858- 9900

Dale Daytirne Phone #