

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90064 036 \*\*\*150.00

**DOCUMENT # P99000079793****1. Entity Name**  
**MR. CHURRO, INC.**

<b>Principal Place of Business</b> C/O GUNSTER, YOAKLEY, VALDES-FAULI, P.A. 2 SO. BISCAYNE BLVD., SUITE 3400 MIAMI FL 33134	<b>Mailing Address</b> C/O GUNSTER, YOAKLEY, VALDES-FAULI, P.A. 2 SO. BISCAYNE BLVD., SUITE 3400 MIAMI FL 33134
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<b>2. Principal Place of Business</b> 200 South Biscayne Blvd. Suite, Apt. #, etc. Suite 4100 City & State Miami, Fl	<b>3. Mailing Address</b> 200 South Biscayne Blvd. Suite, Apt. #, etc. Suite # 4100 City & State Miami, Florida
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Zip 33131	Country	Zip 33131	Country
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<b>4. FEI Number</b> 019-78-2263	<b>APPLIED FOR</b> Applied For Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****RJVF CORPORATE SERVICES INC**  
**C/O STEEL HECTOR & DAVIS LLP**  
**200 S BISCAYNE BLVD, STE #4100**  
**MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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**

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**

<b>TITLE</b> D <b>NAME</b> LAURIA, ANTONIO E <b>STREET ADDRESS</b> PMB 325 1291-A S. POWERLINE ROAD <b>CITY-ST-ZIP</b> POMPAÑO BEACH FL 33069	<input type="checkbox"/> Delete
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> PS <b>NAME</b> LAURIA P, ANTONIO E <b>STREET ADDRESS</b> PMB 325 1291- AS POWERLINE ROAD <b>CITY-ST-ZIP</b> POMPAÑO BEACH FL 33069	<input type="checkbox"/> Delete
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/01

Date

954. 9684408

Daytime Phone #

CR2E034 (10/00)