

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90031 036 \*\*\*558.75

DOCUMENT # P99000092428

1. Entity Name

LA ESPERANZA MEXICAN RESTAURANT, INC.

Principal Place of Business

Mailing Address

1804 TEAKWOOD DRIVE  
PLANT CITY FL 33566

1804 TEAKWOOD DRIVE  
PLANT CITY FL 33566

2. Principal Place of Business

3. Mailing Address

216 W. Alexander St  
Suite, Apt. #, etc.

216 W. Alexander St  
Suite, Apt. #, etc.

Plant City  
City & State

Plant City FL  
City & State

Zip: FL 33566 Hillsborough  
Country

Zip: 33566 Hillsborough  
Country

4. FEI Number  
59-3637548

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUENTES, MARIA  
1804 TEAKWOOD DRIVE  
PLANT CITY FL 33566

Name  
Maria G. Fuentes  
Street Address (P.O. Box Number is Not Acceptable)  
1804 N. TEAKWOOD DR. E  
City Plant City FL Zip Code 33566

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 Maria G. Fuentes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05-12-00

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, 2000 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

TITLE PD  
NAME FUENTES, MARIA  
STREET ADDRESS 1804 TEAKWOOD DRIVE  
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME FUENTES, BENITO  
STREET ADDRESS 3368 ROYAL OAK DRIVE  
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME FUENTES, BONIFACIO JR.  
STREET ADDRESS 3368 ROYAL OAK DRIVE  
CITY-ST-ZIP MULBERRY FL 33860 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Maria G. Fuentes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-12-00

Date

Daytime Phone #

CR2E034 (9/99)