2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # **P99000094357** 1. Entity Name MI MEXICO RESTAURANT OF HOLLYWOOD INC. 05-12-2000 90046 026 ***150.00 Principal Place of Business Mailing Address 6059 JOHNSON STREET 6059 JOHNSON STREET HOLLYWOOD FL HOLLYWOOD FL 33024-6027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0938057 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAZAR, MARIA -Street Address (P.O.-Box Number is Not Acceptable) = ______ 5806 JOHNSON STREET HOLLYWOOD FL 33021 Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) -FILE NOW!!!-FEE IS \$150:00 - - - -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition President ☐ Delete TITLE TITLE Teresa Barrantes NAME NAME 31st RD 1323 N. STREET ADDRESS STREET ADDRESS Hollywood, F1 33021 CITY-ST-ZIP CITY-ST-7IP Vice-President ☐ Change ☐ Addition TITLE ☐ Delete TITLE Maria Salazar NAME NAME 1323-N.-31 St. Rd. Hollywood, F1 33021 STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Starting of Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP ' Delete TITLE ☐ Change Addition TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Leusa Borrous Tos

NAME

STREET ADDRESS

CITY-ST-ZIP

04-23-00 (954)989-868

Daytime Phone #