Applied For Not Applicable

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S10282 DOCUMENT

1. Entity Name

EL PAISA FOOD, CORP.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90098 046 ***150.00

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Principal Place of Business 14363 S.W. 142ND ST. MIAMI FL 33186-3742	Mailing Address 14363 S.W. 142ND ST. MIAMI FL 33186-3742			·	
US 2. Principal Place of Business	US 3. Mailing Address				
14260 SW 142 ST Suite, Apt. #, etc.	142 st		IEBU BEBU WUBU BUGU BUBU BUBU BEBU BEBU IBB		
101 - 102	Suite, Apt. #, etc. OI - IOZ		☐ CHECK HERE IF	MAKING CHANGES	
City & State MIAMI FL	City & State	FL	4. FEI Number 59-2837111	Applied For Not Applicab	
33186 Country USA	33186	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
OSPINA, ARMANDO			DRGE OSPI	INA	
14363 S.W. 142ND ST.	Street Address (Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33186-3742	# 101	-102			
	City MIA	-MI	FL 3386		
8. The above named entity submits this statemen the obligations of registered agent.	t for the purpose of changing its r	egistered office or register	ed agent, or both, in the State of Floric	da. I am familiar with, and accep-	
	,			/ /	
SIGNATURE Signature, typetter ponted name of registerer ag	<u>~</u>		//	15/03	
	ent and title if applicable. (NOTE:	Registered Agent signature required	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00	.		9. Election Campaign Finan	noing &F 00	
After May 1, 2003 Fee will be \$550.0 Make Check Payable to Florida Department		Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
10. OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIDECTORS IN 11	
TITLE DPT	Delete		2.S	Change Addition	
NAME OSPINA, ARMANDO	,		SPINA, Jorge	Change Addition	
STREET ADDRESS 16571 SW 146 COURT		STREET ADDRESS 142		I, #101-102	
CITY-ST-ZIP MIAMI FL 33177		CITY OT ZID			
TITLE DIVE		CHT-SI-ZIP M	AMI, FL 331	<u></u>	

IRECTORS IN 11 Change XAddition F101-102 □ Delete TITLE ☐ Change ☐ Addition NAME OSPINA, INES STREET ADDRESS 16571 SW 146 COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 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 10 or Block 11 if

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #