

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30731

1. Entity Name

LOS GANCITOS, CORP.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90009 034 ***158.75

Principal Place of Business

Mailing Address

428 S.W. 79 COURT
 MIAMI FL 33144-2242
 US

8555 RED OAK STREET
 RANCHO CUCAMONGA CA 91730-4823

2. Principal Place of Business

3. Mailing Address

428 SW 79 Court

8555 RED OAK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

Rancho Cucamonga, CA

4. FEI Number

65-0243284

Applied For

Not Applicable

Zip

Country

33144-2242

Zip

Country

91730-4823

San Bernardino

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, LUIS A
 428 S.W. 79TH COURT
 MIAMI FL 33144

Name

LUIS J. SUAREZ

Street Address (P.O. Box Number is Not Acceptable)

428 SW 79th Court

City

MIAMI

FL

Zip Code

33144-2242

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 *Barbara M. Hill*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, LUIS A	
STREET ADDRESS	428 SW 79TH COURT	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUAREZ, AMALIA	
STREET ADDRESS	428 SW 79TH COURT	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, BARBARA M	
STREET ADDRESS	8555 RED OAK STREET	
CITY-ST-ZIP	RANCHO CUCAMONGA CA 91730-4823	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEHL, MARIA E	
STREET ADDRESS	12530 JAMESTOWN PL	
CITY-ST-ZIP	CHINO CA 91710	
TITLE	V	<input type="checkbox"/> Delete
NAME	MUNOZ, AMALIA	
STREET ADDRESS	428 S.W. 79 COURT	
CITY-ST-ZIP	MIAMI FL 33144-2242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUIS J. SUAREZ	
STREET ADDRESS	428 SW COURT	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/S/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

PAID CH # 1297- BARBARA M. HILL

Barbara M. Hill, Treasurer & Secretary April 27th 2000
 (909) 941-6632