

**FOR PROFIT CORPORATION**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S 59752  
 1. Entity Name  
LOS ARCOS FLOREDIANOS, INC.

**80050319**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>601 S.W. 12 AVE.</u> Suite, Apt. #, etc.	3. Mailing Address <u>271 N.W. 64 AVE.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>MIAMI - FL</u>	City & State <u>MIAMI - FL</u>	4. FEI Number <u>65-0266500</u>	Applied For Not Applicable
Zip <u>33130</u>	Country <u>U.S.A.</u>	Zip <u>33130</u>	Country <u>U.S.A.</u>

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MIGUEL REYES  
 Street Address (P.O. Box Number is Not Acceptable)  
271 N.W. 64 AVENUE  
 City MIAMI FL Zip Code 33126

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 \_\_\_\_\_ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/S/D</u> <u>MIGUEL REYES</u> <u>271 N.W. 64 AVE.</u> <u>MIAMI - FL 33126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Miguel Reyes **MIGUEL REYES** 3-11-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)