

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90084 037 ***158.75

DOCUMENT # P00000007753

1. Entity Name

LOS CUBANITOS SUBS, INC.

Principal Place of Business

**169 NW 44 STREET SUITE 17
 FT LAUDERDALE FL 33009**

Mailing Address

**169 NW 44 STREET SUITE 17
 FT LAUDERDALE FL 33009**

2. Principal Place of Business

**3801 N. ANDREWS AVE
 Suite, Apt. #, etc.**

3. Mailing Address

**SAME AS ABOVE
 Suite, Apt. #, etc.**

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

4. FEI Number

65-0980400

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTELLON, ANDRES J
 426 LAKESIDE DRIVE
 MARGATE FL 33063**

7. Name and Address of New Registered Agent

**Name: Andres J. CASTELLON
 Street Address (P.O. Box Number is Not Acceptable): 169 NW 44 STREET SUITE #17
 FORT LAUDERDALE FL 33309
 City: FL Zip Code: 33309**

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 **Andres J. CASTELLON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/08/2002

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, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASTELLON, ANDRES J	SKIPPING OF LAST NAME IS WRONG
STREET ADDRESS	169 NW 44 ST SUITE 17	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLON, ANDRES J	VP, DIRECTOR
STREET ADDRESS	169 NW 44 ST SUITE #17	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, FLORENTINO	
STREET ADDRESS	3801 N ANDREWS AVE	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
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		
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:

Andres J. CASTELLON President **04/08/02** **6541**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)