

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

FILED

02 OCT 24 AM 10:37

DOCUMENT # 201000120206  
1. Entity Name  
*The Secret Sandwich Co., Inc.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*3918 N Miami Ave*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same as #2*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Miami*

City & State

Zip  
*FL*

Country  
*DADE*

Zip

Country

4. FEI Number  
*26-0003773*

Applied For  
 Not Applicable

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  
*Cesar A. Hernandez - Canton*

Street Address (P.O. Box Number is Not Acceptable)  
*3918 N Miami Ave.*

City  
*Miami*

FL

Zip Code  
*33127*

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
*Director*

NAME  
*Horacio Hernandez*

STREET ADDRESS  
*3918 N Miami Ave.*

CITY-ST-ZIP  
*Miami FL 33127*

TITLE  
*Director*

NAME  
*Raul Hernandez*

STREET ADDRESS  
*3918 N Miami Ave*

CITY-ST-ZIP  
*Miami FL 33127*

TITLE  
*Director*

NAME  
*Cesar A. Hernandez - Canton*

STREET ADDRESS  
*3918 N Miami Ave*

CITY-ST-ZIP  
*Miami FL 33127*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 ~~the~~ empowered.

SIGNATURE: *Cesar A Hernandez - Canton* 10/22/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

786-348-4168  
Daytime Phone

CR2E034B (12/01)