

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073773
 1. Entity Name
LA NIJEVA QUISQUEYA CAFETERIA INC

FILED

01 OCT -5 AM 10:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4460 NW 37 AVENUE 4460 NW 37 AVENUE
MIAMI FL 33142 MIAMI FL 33142

2. Principal Place of Business 3. Mailing Address
692 W. 29 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#9
 City & State City & State
Hialeah FL
 Zip Country Zip Country
33012 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0776416** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARTEAGA, SELVA R
982 EAST 31ST STREET
HIALEAH FL 33013

7. Name and Address of New Registered Agent
 Name **Lindsay Colombia E**
 Street Address (P.O. Box Number is Not Acceptable)
519 W. 68 ST. apt 1
 City **Hialeah** FL Zip Code **33014**

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 *Colombia Lindsay* **Colombia E. Lindsay** 8/13/01
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. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D GOMEZ, LEONARDO 740 WEST 72ND PLACE HIALEAH FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D BRITO, ESTEBAN DANILO 742 HIALEAH DRIVE HIALEAH FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DIP Lindsay Colombia E 519 W 68 ST apt 1 Hialeah, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DITIS Montalvo Harlene 5510 SW. 128 AVE. Miami, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004653789 -10/25/01--01070--018 *****8.75 *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004653789 -10/25/01--01070--019 *****488.00 *****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004653789 -10/25/01--01070--018 *****488.00 *****

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: *Colombia Lindsay* **8/13/01 3056385950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)