

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107811

1. Entity Name
WESTWARD CAFE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90246 003 ***150.00

Principal Place of Business
195 WESTWARD DR
MIAMI SPRINGS FL 33166

Mailing Address
C/O PEREZ BEHAR & ASSOC., INC.
14730 N.W. 10TH AVENUE
N. MIAMI FL 33168-2023
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PEREZ BEHAR & ASSOC., P.A.
Suite, Apt. #, etc.
13935 NW 1st AVENUE
MIAMI, FLORIDA 33168

City & State
MIAMI, FLORIDA 33168

4. FEI Number
65-0800601

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ BEHAR & ASSOCIATES, INC
14730 NE 10TH AVE
N MIAMI FL 33161

7. Name and Address of New Registered Agent
Name: **PEREZ BEHAR & ASSOC., P.A.**
Street Address (P.O. Box Number is Not Acceptable):
13935 NW 1st AVENUE
MIAMI, FLORIDA 33168
City: **FL** Zip Code

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: *Sandra Perez - Pres.* DATE: 4/3/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONZALEZ, RENEE 6301 NW 37TH TERR VIRGINIA GARDENS FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POEY, LOURDES 195 WESTWARD DR MIAMI SPRINGS FL 33166 <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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Renee Gonzalez* DATE: 4/3/00 DAYTIME PHONE #: 884 3959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)