

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90129 044 \*\*\*150.00

UBR0301

**DOCUMENT # P97000107811**

1. Entity Name  
**WESTWARD CAFE, INC.**



Principal Place of Business  
**195 WESTWARD DR  
MIAMI SPRINGS FL 33166**

Mailing Address  
**C/O PEREZ BEHAR & ASSOC.. INC.  
13935 NW 1ST AVENUE  
MIAMI FL 33168  
US**

2. Principal Place of Business  
**195 Westward Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**195 Westward Drive**  
Suite, Apt. #, etc.

City & State  
**Miami Springs, Florida**

City & State  
**Miami Springs, Florida**

Zip Country  
**33166 USA**

Zip Country  
**33166 USA**

4. FEI Number **65-0800601** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**PEREZ BEHAR & ASSOCIATES, INC  
13935 NW 1ST AVENUE  
MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name  
**Victor Navarro**

Street Address (P.O. Box Number is Not Acceptable)  
**195 Westward Drive**

City **Miami Springs** FL Zip Code **33168**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARILIN NAVARRO 195 Westward Drive Miami Springs, Fl 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Victor Navarro 195 Westward Drive Miami Springs, Fl 33166	<input type="checkbox"/> Change <input checked="" 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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR NAVARRO, PRESIDENT x *Victor Navarro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)