

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90091 045 \*\*\*150.00

**DOCUMENT # P99000063910**

1. Entity Name

**F & A CAFETERIA CORPORATION**

Principal Place of Business

Mailing Address

1927 W. 60TH STREET  
 HIALEAH FL 33012

1927 W. 60TH STREET  
 HIALEAH FL 33012-7504

2. Principal Place of Business

3. Mailing Address

17940 N.W. 78th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Miami Florida

4. FEI Number

65-0961899

Applied For

Not Applicable

Zip

Country

Zip

Country

33015

U.S.A.

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRIBAR, FRANCISCO**  
 10110 N.W. 29TH COURT  
 MIAMI FL 33147

Name  
**LEONOR SORIA**

Street Address (P.O. Box Number is Not Acceptable)

17940 N.W. 78th Court

City

Miami

**FL**

Zip Code  
 33015

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

*Leonor Soria*

LEONOR SORIA

4/30/2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D IRIBAR, FRANCISCO**  
 STREET ADDRESS **10110 N.W. 29TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE  Change  Addition  
 NAME **DP SORIA, LEONOR**  
 STREET ADDRESS **17940 N.W. 78th Court**  
 CITY-ST-ZIP **Miami Florida 33015**

TITLE  Delete  
 NAME **D MONTERO, ANGELINA**  
 STREET ADDRESS **6070 WEST 18TH AVENUE**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Leonor Soria* **Leonor Soria** 4/30/2000 (305)362-9139  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CE 04-0000