FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -9 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028720

1. Entity Name

Mi Casa Cuban American Cuisine

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1013 Atlantic Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlantic Beach, FL	City & State
Zip: 32233 Country: USA	Zip Country

4. FEI Number: 59-3564830 ☐ 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: Norberto Benitez

Street Address (P.O. Box Number is Not Acceptable): 309 Plantation Cir.

City: Ponte Vedra Beach FL Zip Code: 32082

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: Anna S Benitez / [signature] - Treasurer 6/27/02

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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Luis C. Velazquez - President 5 Kate Rd. Atlantic Beach, FL 32233
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anna Benitez - Vice-President 309 Plantation Cir. Ponte Vedra Beach, FL 32082
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Isolina D. Castillo - Secy. 5 Kate Rd. Atlantic Beach, FL 32233
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Norberto Benitez - Treasurer 309 Plantation Cir. Ponte Vedra Beach, FL 32082
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/27/02 904-273-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #