

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **283049**

1. Entity Name

**BADIA'S SANDWICHES, INC.**

02 JUL 24 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1700 East 4th Avenue**

Suite, Apt. #, etc.

3. Mailing Address  
**1700 East 4th Avenue**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hialeah, Florida**

City & State  
**Hialeah, Florida**

4. FEI Number  
**59-1054669**

Applied For  
Not Applicable

Zip  
**33010**

Country  
**United States**

Zip  
**33010**

Country  
**United States**

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  
**Garcia, Angela**

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

**1700 East 4th Avenue**

City  
**Hialeah**

**FL** Zip Code  
**33010**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**900006661579--1**  
**-07/25/02--01053--001**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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  
**PST  
Garcia, Angela  
1700 East 4th Avenue, Hialeah, FL 33010**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Angela Garcia, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/02**

CR2E034B (12/01)