

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90066 014 \*\*\*150.00

**DOCUMENT # L33156**

1. Entity Name  
**MIAMI LATIN AMERICAN CAFE, INC.**

Principal Place of Business

**1405 SW 107TH AVE  
 SUITE 301B  
 MIAMI FL 33174**

Mailing Address

**1405 SW 107TH AVE  
 SUITE 301B  
 MIAMI FL 33174**

2. Principal Place of Business

**1311 SW 107TH AVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State

4. FEI Number **65-0160379**

Applied For

Not Applicable

Zip  
**33174**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALMAN, CARLOS  
 1405 SW 107TH AVE  
 SUITE 301B  
 MIAMI FL 33174**

Name

**SALMAN, JOSE A.**

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

**13521 SW 62ND STREET**

**UNIT #4**

City

**MIAMI**

FL

Zip Code

**33183**

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 **JOSE A. SALMAN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-28-1**

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, 2001 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 **D** ☒ Delete  
 NAME **SALMAN, CARLOS**  
 STREET ADDRESS **1405 SW 107TH AVE, #301B**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **JOSE ALEJANDRO SALMAN**  
 CITY-ST-ZIP **13521 SW 62ND STREET #4**  
**MIAMI, FLORIDA 33183**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 ☐ 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: **JOSE ALEJANDRO SALMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-1 305-220-4511**

Date

Daytime Phone #

CR2E034 (10/00)