

2000 UNIFORM BUSINESS REPORT (UBR)

02-1512001 90103 045 ***900.00
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # L69758

01 MAR - 8 PM 3:18

1. Entity Name

PLAZA CAFETERIA, INC.

Principal Place of Business

Mailing Address

~~LORENZO GONZALEZ~~ **EUGENIO GONZALEZ**
 1515 NW 167TH ST
 NORTH MIAMI BEACH FL 33169

~~LORENZO GONZALEZ~~ **EUGENIO GONZALEZ**
 1515 NW 167TH ST
 NORTH MIAMI BEACH FL 33169-5100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT FEE
 DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0208081**

Applied For
 Not Applicable

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

~~GONZALEZ LORENZO M~~ **Eugenio Gonzalez**
 1515 NW 167TH ST
 NORTH MIAMI BEACH FL 33139

Name **EUGENIO GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
15527 S.W. 62 TERR.
 City **MIAMI, FL** Zip Code **33193**

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/12/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PT GONZALEZ, EUGENIO A 540 BRICKELL KEY DRIVE #800 MIAMI FL 33131-2637	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			P/S/T EUGENIO GONZALEZ 15527 S.W. 62 TERR. MIAMI - FL - 33193
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GONZALEZ, LORENZO M 15527 S.W. 62 TERR MIAMI-FL 33193	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/12/01

Date

(305) 388-2094

Daytime Phone #